

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II

EDISON. NEW JERSEY 08837

MAY 2 0 1993

CERTIFIED MAIL--RETURN RECEIPT REQUESTED

See Attached List of Addressees

Re: Frontier Chemical Superfund Site

4626 Royal Avenue, Niagara Falls, Niagara County, New York

Dear Sir/Madam:

The U.S. Environmental Protection Agency ("EPA") is charged with responding to the release or threatened release of hazardous substances, pollutants and contaminants into the environment and with enforcement responsibilities under the Comprehensive Environmental Response, Compensation and Liability Act ("CERCLA"), 42 U.S.C. §§ 9601, et seq.

EPA has documented the release and threatened release of hazardous substances into the environment at a site referred to herein as the Frontier Chemical Superfund Site (the "Frontier Site" or the "Site"), a former waste processing/management facility located in Niagara Falls, Niagara County, New York. In response to these releases of hazardous substances and the threat of future such releases, EPA has spent public funds and anticipates spending additional public funds pursuant to CERCLA.

Under CERCLA and other laws, responsible parties may be held liable for monies expended by the federal government in taking response actions at and around sites where hazardous substances have been released, including investigative, planning, removal, remedial and enforcement actions. Responsible parties also may be subject to orders requiring them to take response actions themselves.

Responsible parties under CERCLA include current and past owners or operators of a facility, persons who arranged for the treatment or disposal of hazardous substances which came to be disposed at a facility, and persons who accepted hazardous substances for transport to disposal or treatment facilities or sites selected by such persons.

By this letter, we notify you that we have reason to believe that your company is a potentially responsible party ("PRP") within the meaning of Section 107(a) of CERCLA, 42 U.S.C. §9607(a), with respect to the Site. The attached list of addressees of this letter represents the list of the PRPs identified by EPA with respect to the Site to date.

Thus far, the response activities that EPA has taken with respect to the Site include, among other things, establishing 24-hour Site security; maintaining boilers that supply steam to the steam tracer lines, process lines and heat to the drum storage buildings; maintaining compressors which are essential to the fire control system on-site; pumping storm waters from containment areas through the on-site carbon absorption system and into storage tanks, pending approval for discharge; performing regularly scheduled inspections to examine the structural integrity of drums and tanks; and overpacking leaking In addition, EPA has segregated and inventoried all laboratory sized containers at the Site, has returned compressed gas cylinders to their manufacturers, and sent empty drums offsite to a drum recycler. We intend to take or require the PRPs to take additional response activities at the Site. activities include, among other things, disposal of the numerous drums, drum contents and other waste materials now present at the Site, at an EPA-approved treatment or disposal facility. expect these response actions to be conducted under a phased The tasks that we presently expect to be included in the initial phase (hereinafter, "Phase 1") are described in the enclosed draft administrative consent order under Section 106(a) of CERCLA. EPA's current estimate of the cost of the response activities outlined in the enclosed draft order is \$4,705,896.31.

We expect the subsequent phase(s) of response activities at the Site to include such tasks as the removal of bulk waste materials found in tanks at the Site and a soils and groundwater investigation. We anticipate such subsequent work to be the subject of a future letter to the PRPs, and presently expect it to be addressed under a separate administrative order(s).

We wish to determine whether you are willing to perform or fund the response activities outlined in the enclosed draft consent order. Should you not volunteer to perform or fund the work, EPA will proceed with the work itself (the costs of which you may be liable for under Section 107(a) of CERCLA) or EPA may require you to perform the work pursuant to a unilateral administrative order issued under Section 106(a) of CERCLA.

Please notify EPA in writing within twenty-eight (28) calendar days of your receipt of this letter as to whether you are prepared to perform or fund the response activities described in the enclosed draft consent order. Given the large number of PRPs for the Site, we urge the recipients of this letter to form a Steering Committee which would serve as a contact between EPA and the PRPs. The recipients of this letter may either respond to

the letter individually or through a representative of the Steering Committee. If you do not provide a written response to this letter, either individually or through the Steering Committee, within 28 days of your receipt of this letter, we will assume that you decline to perform or participate in the Phase 1 response activities.

Assuming that some or all of the PRPs are willing to perform the work described in the enclosed draft consent order, any negotiations regarding the terms of the consent order will need to be completed within fifty (50) calendar days of your receipt of this letter.

In order to facilitate settlement discussions, we have prepared and enclosed herewith a draft list (hereinafter, the "Waste-In List") of the generators of the drums of waste currently at the Site. Please note that this Waste-In List only reflects the drums at the Site; it does not cover other waste materials at the Site, including the approximately 344,000 gallons of liquids in tanks at the Site.

EPA has established an administrative record file for the Site. The administrative record file is available for your review at the following locations during regular business hours:

- 1. United States Environmental Protection Agency Region II 2890 Woodbridge Avenue, Bldg. 205 Edison, NJ 08837 Contact: Frank Evans or Lisa Schweizer (908) 906-6980
- United States Environmental Protection Agency Public Information Office 345 Third Street, Suite 530 Niagara Falls, NY 14303 Contact: Mike Basile (716) 285-8842
- 3. Niagara Falls Public Library 1425 Main Street Niagara Falls, NY 14303 (716) 286-4881

EPA also wishes to determine whether you are willing to reimburse the agency for the response costs it has incurred in connection with the Site. As of April 7, 1993, the EPA costs appearing in EPA's Integrated Financial Management System, regarding the Frontier Chemical Site, total at least \$376,121.30. These costs are broken down as follows:

Emergency Response
Cleanup Service
(ERCS) Contractor (ETI) \$330,975.95

Technical Assistance
Team (TAT) Contractor 208.25
(Roy F. Weston)

EPA Payroll 17,076.28

EPA Indirect Costs 22,652.50

EPA Travel Expenses 5.208.32

TOTAL (as of 4/7/93) \$376,121.30

In accordance with Section 107(a) of CERCLA, 42 U.S.C. §9607(a), interest on the \$376,121.30 will begin to accrue as of the date of this letter. The costs incurred by EPA with respect to the Site are charged to the Hazardous Substance Superfund, established pursuant to 26 U.S.C. §9507 and administered by EPA. As PRPs, you are potentially liable for EPA's costs, plus interest.

Pursuant to Section 107(a) of CERCLA, EPA hereby requests that you make restitution in the amount of \$376,121.30, together with any additional response costs incurred and/or documented by EPA with respect to the Site, plus any and all interest recoverable under Section 107 or under any other provision of law. The draft Order enclosed with this letter provides for the PRPs' reimbursement of, inter alia, EPA's past costs.

Please note that EPA is incurring additional response costs with respect to the Site on an ongoing basis, and expects to continue to incur response costs at the Site in the future. In accordance with Section 107(a) of CERCLA, interest on such additional costs shall accrue from the date of expenditure.

Within twenty-eight (28) days of your receipt of this letter, please notify EPA unambiguously as to whether you wish to make such restitution to EPA. (You may provide such notification to EPA either individually or through the Steering Committee that is formed by the PRPs.) If you do not notify EPA within that period that you are prepared to make such restitution, EPA will conclude that you do not wish to reimburse EPA for its past costs, and may commence preparations for civil litigation against you.

Your response to this letter should be sent to Mr. Kevin Matheis, Emergency and Remedial Response Division, Removal Action Branch, U.S. Environmental Protection Agency, Edison Field Facility, 2890 Woodbridge Avenue, Building 209 (MS-211) Edison, New Jersey 08837, with a copy to Elena Kissel, Esq., Office of Regional Counsel, U.S. Environmental Protection Agency, Region II, 26 Federal Plaza, Room 437, New York, NY 10278.

This notice letter is not being provided pursuant to the special notice procedures outlined in Section 122(e) of CERCLA, 42 U.S.C. §9622(e). Use of those procedures here and the moratorium that those procedures entail would be inappropriate in light of the imminent and substantial endangerment posed by conditions at the Site and the need for prompt performance of the planned response activities.

Please feel free to contact Kevin Matheis or Elena Kissel by calling the Frontier Chemical information line at (716) 284-5405 on weekdays between the hours of 9:00am - 3:00pm if you have any questions concerning this matter.

Thank you for your prompt attention to this matter.

Sincerely yours,

Richard Tilkin

George Pavlou, Acting Director Emergency and Remedial Response Division

Enclosures

cc: Michael O'Toole - NYSDEC (w/out enclosure)
Jeffrey Lacey, Esq. - NYSDEC (w/out enclosure)

THIS INFORMATION DOES NOT CONSTITUTE A NON-BINDING PRELIMINARY ALLOCATION OF RESPONSIBILITY UNDER CERCLA SECTION 122(e)(3).
THIS INFORMATION SHOULD NOT BE CONSTRUED AS AN ALLOCATION OF RESPONSIBILITY OR LIABILITY BY EPA. THIS MASTE-IN LIST IS PROVIDED SOLELY FOR YOUR INFORMATION. THIS LIST IS PRELIMINARY AND SUBJECT TO REVISIONS BASED UPON NEW INFORMATION AS, AND IF, IT BECOMES AVAILABLE.

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FRONTIER CHEMICAL NIAGARA FALLS, NEW YORK

	NO 02				LAB	PACKS						DRUMS			TOTAL VOLUME
GENERATOR	no. Of Drums	EPA WASTE CODES		5gal	10gal	20gal	30gal	55gal	TOT		Sas1	20001	EE 1	101	(Lab Packs + Drums)
designation.	·	DER MINITE COURS		odar	iogai	soyat	andar	ooyat	GAL		5gal	30gal	55gal	GAL	
21ST CENTURY ENVELOPE	026	UNICHON			. *							-	26	1430	1430
A.B. CHANCE	031	D002,7	ı										' 31	1705	1705
ABB AIR PREHEATER, INC.	. 008	UNKNOWN			•								8	440	440
ABS KENT-TAYLOR	012	D008,39,40/F001											12	660	660
ABB TRACTION, INC.	025	D007	•	,			•	•					25	1375	1375
ACF SHIPPERS CARLINE	011	D001/F003,5			•			•					11	605	605
ACINI CORP.	039	UNKNOWN											39	2145	2145
ADCHEM CORP.	006	D001/F003,5											6	330	330
ADCO PRODUCTS	002	0001,2	•		•					•		1	1	85	85
ADMIRAL FOLDING BOX	006	D001/F003,5										•	6	330	330
ADVANCE ABSORBER PRODUCTS	002	D001/U223	****	2	*** * *****		•••••		10						10
AEP INDUSTRIES #1	003	D001											3	165	165
AEROQUIP CORP.	004	D002,7	•			,	•						4	220	220
AGC CORP. (PS)	001	D001				*							1	55	55
AGWAY ENERGY	007	D002											7	385	385
AIRLINE PETROLEUM	001	D001,18		1									1	55	55
AIROIL PRODUCTS	001	UNKNOWN	a.						•				1	55	55
ALLEGHENY CO-DEPT OF L	001	D002/U134			1	• • • • • • • •		• • • • • • •	20				_		20
ALLENTOWN CEMENT CO., INC.	028	UNKNOWN	•										28	1540	1540
ALLIANCE TOOL DIVISION	002	DO01/F003							•				2	110	110
ALLIED SINTERINGS	001	•									1			5	5
ALPINE PRESS	004	D001,7,8/F003,5					•						4	220	220
AMERICAN AIRLINES	002	D001/F002											2	110	110
AMRESCO	001	D002											1	55	55
ANHUESER BUSCH	001	D002											1	55	55
ANITEC INTL PAPER IMAG	031	NIKHONA								·		. '	31	1705	1705
APOLIO METALS INC.	002	F003/D001				•							2	110	110
APS INC.		D002	•								1		6	335	335
ARIES AUTOMOTIVE OF SOMERS	-	D001		•									4	220	220
ARMSTRONG MORLD INDUSTRIES		UNKNOWN		•		•							10	550	550
ARVIN CALSPAN CORP.		F003/D001											1	55	55
ATHENIA VIRE	004	D002											4	220	220

•.	NO. OF				LAB	PACKS			mon.			DRUMS			TOTAL VOLUME
GENERATOR	DRUMS	EPA WASTE CODES	5	jal 1	Ogal	20gal	30gal	55gal	TOT GAL		5gal	30gal	55gal	TOT	(Lab Packs + Drums)
ATLANTIC FABRICATORS	002	D001											2	110	110
ATLANTIC MARKETING TER	001	D001,18											1	55	55
ATLANTIC REPINING (A)	002	D001,18		•	•. :•							(2	110	110
ATLANTIC REPINING (B)	001	D001,18	•		•							Λ.	1	55	55
ATLANTIC REFINING (C)	001	D001,18					•			•			1	55	55
ATLANTIC REPINING (D)	001	D001,18											1	55	55
ATLANTIC REFINING (E)	001	D001,18	4										1	55	55
ATLANTIC SINTERED METALS	001	D002,3	• •			-							1	55	55
ATLAS TUBE	001	UNKNOWN	•						•				1	55	55
ATTICA CORRECTIONAL FCLTY	005	D001/F003											5	275	275
B & B GREENBERG CO.	009	D002											9	495	495
BAILEY MANUPACTURING	005	UNKNOWN ·											5	275	275
BALLETMAKERS, INC.	005	F003,5/D001,35				•							5	275	275
BARRE ENGRAVING CO.	004	UNKNOWN											4	220	220
BARRNET LITHO, INC.	004	UNKNOWN			•								4	220	220
BATTERY ENGINEERING, INC.	002	D002	•								1		1.	55	60
BELOIT MANHATTAN	003	UNKNOWN	• •		6 a a 6 a 6			2	110			•	1	55	165
BLIEN STEEL	001	UNKNOWN											1	55	55
BLUE CHIP PRODUCTS, INC.	004	D001/F003											4	220	220
BLUE GRASS CHEMICAL SP	038	D002,6,7,8	*							,			38	2090	2090
BOSTON COACH	003	UNKNOWN		•									3	165	165
BRIDON AMERICA CORP.	013	UNKNOWN			:								13	715	715
BRIGHT STAR INDUSTRY	006	D001											6	330	330
BROAD COVE TRUST	001	D001,8											1	55	55
BRUNSWICK TIMES RECORD	007	D005,6,7											7	385	385 -
BUCKEYE PIPELINE	006	D001,18	•										6	330	330
BUCKHAM TRANSPORT LTD	004	UNKNOWN											4	220	220
BUCKNER OIL SERVICE INC	004	UNKNOWN											4	220	220
BUFFALO COLOR CORP.	010	D001/U012			٠.					•			10	550	550
BUFFALO FREE TRADE COMPLEX	006	D001											6	330	330
BURROUGH HALL	002	UNKNOWN											2	110	110
BUS INDUSTRIES OF AMERICA	012	D001,3/F001,3											12	660	660

Drum Volume List

				•	LAE	PACKS		,				DRUMS	:		TOTAL VOLUME
GENERATOR	NO. OF Drums	EPA WASTE CODES		Eas)	10as1	20023	20a2 l		TOT		See 1	201	EÉ-a l	TOT	(Lab Packs + Drums)
OBMERNION	כחטתע	Ern Whole COURS		5gal	Luyaı	. 20yas	30ga1	55gal	UNL	•	5gal	. 30gal	55gal	GAL	
			•				•			. •		•			•
C.R.BARD CATHETER & INSTRUMENT		D001,35/F003,5									•	2	69	3855	3855
CARBO THERM	002	F003							•				2	110	110
CASE HOYT CORPORATION	025	D001,39,40/F005							:			•	25	1375	1375
CCL CUSTON MANUFACTURING	015	D001							,				15	825	825
CENTRAL INDUSTRIAL LABS (PS)	001	D006/F007											1	55	55
CHALLENGE NFG	001	UNKNOWN											· 1	55	. 55
CHAMPION PRODUCTS	039	D001/F002,3,5										1	38	2120	2120
CHARM GRAPHICS INC.	002	D001/F003							.*				2	110	110
CHENCLENE CORPORATION	028	D001,18/F001,3											28	1540,	1540
CHEMICAL LEAMAN TANK LINE	002	012,052			•								2	110	110
CHEMICAL PROCESS & SPLY	005	D002											-5	275	275
CHESTER HOIST	003	D001	•										3	165	165
CHILDSSTORE FIXTURE CO.	011	P003,5								•			11	605	605
CHRONATIC PAINT	001	UNKNOWN										•	1	55	55
CHRONIUM CORPORATION	096	D002,7											96	5280	5280
CITY OF SYRACUSE-DPW	001	D001	•						•				1	55	55
CITY PUMP & TANK	003	D001,18										i	3	165	165
CLARK GRAVE VAULT	004	D002,7			÷								4	220	220
CODO MFG.	001	UNKNOWN											1	55	55
COMPORT DESIGN, INC.	800	P003,5/D001											8 .	440	440
COMMANDER NOTBY	048	UNKNOWN							•				48	2640	2640
COMMUNITY MEDICAL CENTER	001	D001		1,			•••••		5						. 5
CONRAIL	001	D008,18											1	55	55
CONSTRUCTION SPECIALTIES	005	F001,5											5	275	275
CORELL STEEL	052	D001/F001,2,3,5											52	2860	2860
CORSON MFG. CO., INC	005	D001/F002							;		•		5	275	275
CREATIVE PRINTING	002	D001,39,40											2	110	110
	054	D001,2,3/U019,194,223									44		10	770	770
	001	UNKNOWN											1	55	55
	001	D002 ·										4	ī	55	55
CSMS NATIONAL GUARD	001	D002,8											ī	55	55 55
CUSTON DESIGN SERVICES	012	D002,7									,		12	660	660

Drum Volume List

				-	LA	PACKS					DRUMS			TOTAL VOLUME
0711777777	NO. OF								TOT				TOT	(Lab Packs + Drums)
GENERATOR	DRUMS	EPA WASTE CODES		5gal	10gal	20gal	30gal	55gal	GAL	5gal	30gal	55gal	GAL	•
										,				
CYCLE CHEM, INC.	009	F003,5								•		9	495	495
CYCLOTHERM	002	D011		•								2	110	110
D.C. AUTONOTIVE	003	UNKNOWN						-			•	3	165	165
DANA CORPORATION	003	UNKNOWN						,				3	165	165
DARWORTH COMPANY	007	D001										7	385	385
DE STEFANO	003	F003/D001					٠.					3	165	165
DEGRAPP MEMORIAL HOSPITAL	001	D001				•				•		1	55	55
DELEVAN INDUSTRIES	001	UNKNOWN			•							1	55	55
DELMONTE CORPORATION	006	F005/D001/U220								2		4	230	230
DELTA RUBBER CO.	013	U012								13		•	65	65
DELVECCHIO TRANSPORT	002	D001		2					10					10
DENNISON OIL CO.	001	UNKNOWN								:		. 1	55	55
DIAMOND EAST LABORATORY	019	D001								•		19	1045	1045
DONLEE TECHNOLOGY INC	001	F001/D002,7										1	55	5 5
DONSCO, INC.	001	D001,35										1	55	55
DRESSER MFG. DIVISION	026	D001	•									26	1430	1430
DUNCAN GALVANIZING CORP	002	D002,6,7,8				. '						2	110	110
DUNKIRK RADIATOR CORP.	002	D001										2	110	110
DURIRON CO. INC	004	F005/D001						•				4	220	220
DYNAMIC HYDROBLASTING	008	D002									·	8	440	440
EASTERN COLOR & CHEMICAL	001	UNKNOWN										1	55	55
EASTERN CONSOLIDATED AND DIST.		D018					•			•		. 1	55	55
EASTERN ELEC APPARATUS	003	UNKNOWN									:	'3	165	165
EASTERN INDUSTRIES	005	UNKNOWN										5	275	275
EATON CORP.	014	D002								,		14	770	770
EGGERS INDUSTRIES	003	F003,5/D001						•				3	165	165
EICHEL BERGERS	001	F002,5/D018										1	55	55
ELCO CORPORATION	011	D001,2,6,8/F001								,		11	605	605
ELECTRIC MATERIALS CO.	003	D002,8								•		3	165	165
EN CORP.	005	D001,8/F005										5	275	275
ENERGY N. NATURAL GAS	001	D001		1					5			_	2,0	5
ENVIRONMENTAL DEPOT (PS)	002	UNKNOWN	-			•						2	110	110

					LABPACKS				•		DRUMS	٠.,	• .	TOTAL VOLUME
GE	NERATOR	NO. OF DRUMS	EPA WASTE CODES		5gal 10gal 20gal	30gal	55gal	TOT GAL		igal	30gal	55ga	TOT	(Lab Packs + Drums
EN	VIRONNENTAL WASTE HGHT	030	D001-5,7-9,11/U122,154,188,	219	16	11	3	575						575
4	ICURE PRODUCTS, INC.	005	UNKNOWN									5	275	275
	IE COUNTY WATER AUTH.	001	UNKNOWN									1	55	55
ER	IE INSURANCE GROUP	004	D002				3	165				ī	55	220
ER	IE PLASTICS	001	D002		,							ī	55	55
	I TANK CLEANING SERV	001	F003,5									. 1	55	55
EU	REKA SECURITY PRINTING	023	UNKNOWN									23	1265	1265
FA	MILY MUTUAL BANK	001	D001,18									1	55	55
FA	NCHER FURNITURE	003	F003,5/D001,3,5		T.							3	165	165
	RRO CORPORATION (VESUVIUS)	002	D002							٠		2	110	110
	RE DOOR CORP.	002	F003,5						1	1		1	60	60
FI	SHER INDUSTRIAL SVCE INC.	012	D002,6,7						_			12	660	660
FI	SHER PRICE TOYS	015	D001	•								15	825	825
FL	ACH INDUSTRIES	004	D001/F003									4	220	220
FL	INT INK	050	D001									50	2750	2750
FO	AMEX PRODUCTS, INC.	001	F002									1	55	. 55
	RMS, INC.	008	D001							٠		8	440	440
	SECO, INC.	006	D001,7		*							. 6	330	330
	AMINGHAM WELDING	001	P003,5		·			•				ì	55	55
FR	ANK ELECTRIC CORP.	002	F003,5									ž	110	110
FR	ICK CO.	001	F003/D001									1	55	55
FR	UEHAUF CORP.	005	D001,11		•							5	275	275
FU	JITECH	001	UNKNOWN									1	55	55
FU	LLER CO.	004	D001,35		•				1	:		3	170	170
G.	W. LISK CO., INC.	001	F008/D003,6									i	55	55
	RDENWAY MPG	002	D002				•					2	110	110
	IGER INTERNATIONAL	008	D001									8	440	440
	M CHEM, INC.	063	UNKNOWN									63	3465	3465
	NERAL CHEMICAL CORP.	015	D006,7,8,39,40/F001,2						•			15	825	825
GE	NERAL SERVICES ADMIN	001	D002		•						•	1	55	55
	NESEE HOSPITAL	021	D001,9/F003/P105/U021,34,135	5	21	1	1.	155	•			12	660	815
GE	NTEX CORPORATION		D022				- •		1			2	110	110
												. —		 -

	NO. O	•		LABPACKS	B08		DRUMS			TOTAL VOLUME
GENERATOR	DRUMS	EPA WASTE CODES		5gal 10gal 20gal 30gal	TOT 55gal GAL	5gal	30gal	55ga.l	TOT GAL	(Lab Packs + Drums)
GEOCHEM (PS)	001	D001			30					30
GEORGE INDUSTRIES	002	UNKNOWN						2	110	110
GICHNER MOBILE SYSTEMS	011	D001,2,8					•	11	605	605
GIDDINGS & LEWIS	027	D002,5,10,30,32,33/F003				20-gal,	1 .	25	1425	1425
GILBERT & BENNETT	001	D002				•		1	55	55
GTUBERT/COMMONWEALTH, INC.	012	UNKNOWN		•				12	660	660
GLEDHILL RD NACHINE CO.	004	F005/D001						4	220	220
GOLD MEDAL LADDER	015	UNKNOWN						15	825	825
GOOD SAMARITAN HOSPITAL	001	D009/U151		1	5					5
GORDON PUBLICATIONS, INC.	020	F002,3,5						20	1100	1100
COURO NELSON	001	UNKNOWN						1	55	55
GRAND HAVEN FURNITURE	007	D001						7	385	385
GSI-ALLIED SINTERINGS	001	D001						1	55	55
CTE SYLVANIA	001	D002			155	,				55
H.B. IVES	012	F003,5/D001,3,5,8					•	12	660	660
HANDY & HARMAN TUBE CO.	010	F001,3,5						10	550	550
HASKELL OF PITTSBURGH	001	F003/D001			•		-	1	55	55
HAYDEN ENVIRONMENTAL	029	D001,2,7,9,11/F003,5						29	1595	1595
HEDSTROM CORPORATION	106	D001,7/F003				٠		106	5830	5830
HENRY L. HINCKLEY CO.	001	D001/F003						1	55	55
HESS & CLARK, INC.	001	UNKNOWN		•				ī	55	55
HOLBEN GRAPHICS	030	D001,5,11,39,40/U228						30	1650	1650
HONEY COMB SYSTEMS, INC	001	F003,5		1	5					5
HOWARDS EXPRESS	001	D001,18		•				1	55	<u>55</u>
HUB FOLDING BOX CO., INC	018	D001	•		•	•		18	990	990
HUNTINGDON ANALYTICAL SVC	002	F002,3/D001						2	110	110
HUTCHINSON HOUSEHOLD (PS)	001	U036						1	55	55
HYDROSAMPLE DIVISION (PS)	001	D001,4,5,6,7						1	55	55 55
ICI AMERICAS	029	D002						29	1595	1595
II,VI,INC.	007	D002,10						7	385	385
INAGING & SENSING TECHNOLOGY	004	D001,2,5,7/F003		•				4	220	· 220
INO INDUSTRIES	001	D007		•				i	55	55

	NO. OF	•	LABP	ACKS	mom		DRUMS	•	:-	TOTAL VOLUME
GENERATOR	DRUMS	EPA WASTE CODES	5gal 10gal	20gal 30gal	TOT 55gal GAL	:	igal 30gal	55ga]	TOT GAL	(Lab Packs + Drums)
INDEPENDANT CABLE CO.	006	UNKNOWN						6	330	330
INDUSTRIAL COATING	003	D007						3	165	165
INDUSTRIAL VACUUM SERV.	001	D001	•				•	1	55	55
INGERSOL-RAND CO.	001	D002		•	•			ī	55	55 55
INTERGRAPHICS TECH, INC	003	D001					•	3	165	165
INTERNARK FLOCK CORP (A) (PS)	002	UNKNOWN						2	110	110
INTERNARK FLOCK CORP (B) (PS)	001	UNKNOWN		2				ī	55	55
INTERNATIONAL PAPER CO	004	UNKNOWN	** [*]				• •	4	220	220
INX INTERNATIONAL/MIDLAND	042	D001	•		•			42	2310	2310
COLOR		•								
IT. HIGBIE	004	D001						4	220	220
J & D AUTONOTIVE	003	D001,18						3	165	165
J.B. SLEVIN CO.INC.	006	D001						6	330	330
JAMESTOWN ELECTROPLATING WORKS	004	D002,3,6,8/F006,8	•					4	220	220
JESSUP DOOR CO.	003	D001						3	165	165
JOHN H. WILBANKS	009	UNKNOWN						9	495	495
K-HART #7171	015	UNKNOWN						15	825	825
KCR TECHNOLOGY	004	D001	*********	.1	3185	*,				185
KEENEY MANUFACTURING CO.	002	D006,7,8	•					2	110	110
KEN PLAYING CARDS	011	D001					1	11	605	605
KENHORE TON. UNION FRE	002	D008,39						2	110	~ 110
KENSINGTON INDUSTRIES	001	D002						1	55	55
	019	D002,3,4,5,7,8,9,11/U222/P012	13		65		6		180	245
	001	D002						1	55	55
	005	D002/F002						5	275	275
	001	D002		•			•	1	55	55
•	002	F002	•					2	110	110
	002	D001,18						2	110 -	110
<u> </u>		F003,5						1.	55	55
		D001,2/U003	1	2	65			3	165	230
		D008		.1	20					20
LAPP INSULATORS	046	D001,3,8,11,39,40/F002,3						46	2530	2530

•	NO 05			LAB	PACKS					•	DRUMS	•			PAL VOLUME
GENERATOR	no. Of Drums	EPA WASTE CODES	5gal	10gal	20gal	30gal	55gal	rot Gal		5gal	30gal	55gal	TOT GAL	(Lab I	Packs + Drums)
LAVALLEY BUILDING SUPPLY	001	D002										1	55		55
LAWRENCEVILLE FIRST AI	001	D001,18										1	55		55
LEDGEMERE LAND CORP. (PS)	001	V036										1	55		55
LEJEUNE STEEL CO.	011	D001/F005			•							11	605		605
LELAND ELECTRO SYSTEMS	001	D001	·			•						1	55	•	55
LEVITON MANUFACTURING	001	UNKNOWN										1	55	•	55 °
LEWIS CORP.	004	D001/F003,5										4	220		220
LEYBOLD	003	D002		-					•	2		1	65		65
LG INDUSTRIES	002	F003,5										2	110		110
LIBRALTER PLASTICS	001	D001		•	•							1.	55		55
LLOYD MFG. CO.	002	UNKNOWN										2	110		110
LOEWENGART & CO., INC.	004	D001,2,7,8/F003,5										4	220		220
LOOST COMPANY, INC.	001	UNKNOWN			1							1	110		110
LORAL DEFENSE SYSTEMS	034	D001,2,3,6,7,36/F007,8/U239	3		1	2	9.	.590				19	1045		1635
LUCERNE PRODUCTS	001	UNKNOWN						-				1	55		55
LUKINITE PRODUCTS CORP.	006	UNKNOWN									-	6	330		330
LYN CONTRACTING CO.	001	D002/F003,5									5.	1	55		55
LYONS TRANSPORTATION	001	F003,5			•							1	55		55
MAINE VANKEE ATOMIC POWER	003	D001,2,7,9	1		• • • •,• • •		• • • • • • •	5		1		1	60		60
MARCOR OF NEW YORK	003	UNKNOWN							•			3	165		165
MARKEL CORPORATION	009	UNKNOWN	•									9	495	•	495
MARSEL MIRROR & GLASS PR	001	D002,7									•	1	55		55
MARTEC PLASTICS	025	D001/F003,5										25	1375		1375
MARY BENSON	016	D001,6,8,10,33,40,18/U056,226	4	.1	2			70		1		8	445		515
MASLAND INDUSTRIES	002	D001,2,3	1		•.• • •,•.• •		:	5				1	55		60
MASS. TANK DISPOSAL	010	UNKNOWN										10	550		550
MASTERS CORP.	003	F003,5										3	165		165
MATTATUCK MFG (TELEFLEX)	002	D002										2	110		110
MAXPACK	002	UNKNOWN						**				2	110		110
HCCANN MFG.	004	F002								,		. 4	220		220
MCKAY PRESS, INC.	010	UNKNOWN						•				10	550	•	550
MEAD CORP.	006	D002,7/F003,5			٠							6	330		330

	:NO OF		LABPACKS	•	DRUKS	•		TOTAL VOLUME
GENERATOR	ino. Of Drums	EPA WASTE CODES	TOT 5gal 10gal 20gal 30gal 55gal GAL	5gal	30ga 1	55gal	TOT	(Lab Packs + Drums)
, e						``		
MED. DISPOSAL SVC (NAT. MED.	007	D002/U188	1180		•	1	55	235
WASTE)		•			•			•
MENTHOLATUM COMPANY	007	U188 ,			-	7	385	385
MEMORIAL HOSPITAL	002	39326	210	•			• •	10
MERCHANTS BANK	001	UNKNOWN				1	55	55
MERCURY AIRCRAFT INC.	003	F003,5	•			3	165	165
MERCY HOSPITAL	010	D001,2,3,9/P116/U162	22120			6	330	450
MERIDIAN PRODUCTS	007	F003,5/D001,35				7	385	385
METAL PINISHING TECH.	002	D002,6,7,8				2	110	110
METALADE, INC.	003	D002,7/F002				3	165	165
NETROLAND PRINTING	042	UNKNOWN		1. · · · · · · · · · · · · · · · · · · ·		42	2310	2310
NICHIGAN LINESTONE	012	UNKNOWN			*	12	660	660
MICHIGAN MAPLE BLOCK CO.	003	UNKNOWN				3	165	165
MICROSS DIV OF PIERCE CO.	005	F003/D001	•			5	275	275
MILCO INDUSTRIES	001	UNKNOWN				1	55	55
MISSISSIPPI CHEMICAL EXPRESS	001	U165				ī	55	55
MOBIL OIL CORP.	001	D001,18			•	1	55	55 55
MONARCH CORTLAND	016	D001				16	880	880
NONET	035	F007/D003				35	1925	1925
NONTGONERY WIRE CO.	001	D001,5,11	15				1,000	5
MONTROSE AREA HIGH SCH	028	D001,2,4,6,8,9,22/P010/U151,223	204220				220	440
HOOG CONTROLS	020	UNKNOWN				20	1100	1100
MORGAN GUARANTEE TRUST	006	UNKNOWN				-		180
HORGAN HATROC	002	UNKNOWN				2	110	110
MORRILL PRESS	009	F003,5/D001	•			9	495	495
MURRAY RECON, INC.	006	P005/D001	•			6	330	330
NAS WILLOW GROVE	015	D001,18,35			2	13	775	775
NATIONAL FUEL GAS CORP.	014	D001,18			-	14	770	770
NATIONAL METAL FINISHING CO.	800	D002				8	440	440
NATIONAL SEA PRODUCTS	002	UNKNOWN	15	1	4		5	10
NATIONWIDE CIRCUITS	004	D002		• .		4	220	220
NATURE'S BOUNTY INC.	003	UNKNOWN				3	165	165

Drum Volume List

) O. O.		LABPACKS	mom	DRUMS		TOTAL VOLUME
GENERATOR	NO. OF Drums	EPA WASTE CODES	5gal 10gal 20gal	TOT 30gal 55gal GAL	5gal 30gal	TOT 55gal GAL	(Lab Packs + Drums)
NAUGATUCK GLASS CO.	003	D001,39,40/F003				3 165	165
NELSON ESPENSCHIED (PS)	003	D004,D008,D009,U060,U061,U129				3 165	165
NIAGARA TRANSFORMER CORP.	002	F003/D001	•			2 110	110
NINE MILE POINT STATION 2	003	D001	•. ,	•	3		15
NORTH SHORE LABS INC.	001	F005/D001				1 55	55
NORTHEAST GRAPHICS, INC.	002	F003,5				2 110	110
NORTHLAND REFRIGERATION	001	D002/F001		-		1 55	55
NY DEPT.OF TRANSPORT	002	D001,18			•	2 110	110
ny susquehanna & Weste	003	D001,18				3 165	165
O'LEARY PAINT CO.	003	UNKNOWN			e e	3 165	165
OATEY CO.	009	F003,5/D001				9 495	495
OCKER & TRAP	010	D001,6,8,10,18				10 550	550
ODELL CO.	001	F003,5				1 55	55
OPCO INC.	001	D002/F001				1 55	55
OLEAN ADVANCED PRODUCT	006	D001	•			6 330	330
OMYA INCMARBLE SHOP (PS)	001	D002				1 55	55
ONTARIO ENGINEERED SUSPENSION	006	UNKNOWN				6 330	330
OWENS ILLINOIS NEG-TV	008	D001,2,5,7,8/P010,11/U080,134		32260	•		260
OXFORD INNOVATIONS	006	UNKNOWN				6 330	330
P & WC AIRCRAFT SERVICES	001	UNKNOWN	. •			1 55	55
P.A.T. PRODUCTS	001	UNKNOWN				1 55	55
PALMYRA BOAT YARD	019	D001,18				19 1045	1045
PANNIER CORPORATION	001	D002				1 55	55
PAPER CONVERSION INC.	018	D005		•	•	18 990	990
PASSAIC ENGRAVING CO., INC.	009	D002,7	•		•	9 495	495
PAUL B. ZIMMERMAN	024	UNKNOWN		· .		24 1320	1320
PEASE A.F.B.	001	D002	•			1 55	55
PEERLESS WINSHITH, INC.	011	D001,3/F011	•		•	11 605	605
PENN TANK	078	UNKNOWN				78 4290	4290
PERRIOGRAPHICS	003	D001				3 165	165
PETROLEUM FUEL & TERMI	002	UNKNOWN				2 110	110
PHIL'S SERVICE STATION	002	DO01				2 110	110

				LAB	PACKS		-				DRUMS			TOTAL VOLUME
GENERATOR	NO. OF Druns	EPA WASTE CODES	- East	10001	2000	-20ma 1	66ee1	TOT		E 1	201	55 1	TOT	(Lab Packs + Drums)
GENERATOR	DKONO	BPR WASTE CODES	5gal	10gal	20gal	30gal	55gal	URL		5gal	30gal	55gal	GAL	
PHILADELPHIA RESINS	001	F003/D001										1	55	55
PIONEER PLASTICS	001	U147/D003								1			- 5	5
PLAINVILLE ELECTROPLATING CO.	001	D002,7									*	1	55	55
PLASTIGLIDE MPG. CORP.	009	D001,2/F001,3							•			9	495	495
PLATING FOR ELECTRONICS INC.	002	F009/D002,11										2	110	110
PLY GENS	013	D002										13	715	715
POLLUTION SOLUTIONS	026	D002,4,5-11,13/F001,2,7/U036,122		÷								26	1430	1430
POLYMERICS, INC.	014	U244							: .			14	770	770
POLYMYX	002	D001										2	110	110
POLYPLATING, INC.	002	UNKNOWN										2	110	110
POTTSTOWN HOSPITAL	001	D009	1		• • • • • •			5						5
POWEREX, INC.	010	D001,6,18/F001,3									•	10	550	550
PRATT & WHITNEY	021	D001,2,11/F001,2				•						21	1155	1155
PRESTOLITE OF NY, INC.	013	D001,2,7,8,40/F002,3,5										13	715	715
PRINT WORKS		D002		•								1	55	5 5
PRINTCO	800	D001										8	440	440
PROTECTIVE CLOSURES CO., INC.	007	D001/F003								-		. 7	385	385
PUROLATOR PRODUCTS	026	D001,5,6										26	1430	1430
QUIN-T CORP.	004	F003,5										4	220	220
R & A LEATHER PINISH CO.	800	P003,5										8	440	440
R.B. CHAPIN MANUFACTURING	001	ÜNKNOWN										1	55	55
RALSTON PURINA	004	D002									3	1	145	145
RAMAPO-CATSKILL LIBRARY SYSTEM	001	D001			•							1	55	55
READING REHAB. HOSPITAL	002	D002										2	110	110
REALTY ENGINEERING CO.	001	D002			*.							1	55	55 ·
reliable metal finishing	800	D002,7,8										8	440	440
REMLEY & COMPANY		D001,11			` •							13	715	715
RENNS SERVICE STATION		D001,8,18										1	55	55
RENOLD INC.		D001		•								3	165	165
RFTAIL PRINTING CORP.	005	UNKNOWN		-						-3	*	5	275	275
RIVERDALE COLOR	008	UNKNOWN .								.•		8	440	440
ROBERT BOND BUILDERS	002	D001									•	2	110	110

	110 OT			LA	BPACKS						DRUMS			TOTAL VOLUME
GENERATOR	NO. OF Drums	EPA WASTE CODES	5gal	10gal	20gal	30ga1	55gal	TOT GAL		5gal	30gal	55gal	GAL	(Lab Packs + Drums
ROBERTS NEAT PACKING CORP.	006	D001,2,8,18	•						•		3	. 3	255	255
ROBOTRON	002	D001/F002,3									•	. 2	110	110
RSA SPECIALTY CHEMICAL	003	P003,5/D001						•				. 3	165	165
RTI	004	P007/D003										4	220	220
RYDER TRUCK RENTAL	008	UNKNOWN			,							8	440	440
S.E.MORRIS COUNTY MUNI	021	F001,2							•			21	1155	1155
SAEGERTOWN MFG. CORP.	001	UNKNOWN										1	55	55
SCANSFORMS, INC.	037	UNKNOWN										37	2035	2035
SCHWEIZER AIRCRAFT CORP	011	D001,2,6-9,18,23,27,32/F001,5				*						11	605	605
SCRANTON SEWER AUTHORITY	001	D007,9										1	55	55
SEBAGO, INC.	002	D001										2	110	110
SELECT-TRON INDUSTRIES	003	D001,2										3	165	165
SERONO BAKER DIAGNOSTIC	003	F027/D037	3				1:0:0 0 0:0 0	15						15
SHEPARD NILES	007	D001,18										· 7	385	385
SID HARVEY'S	001	F003/D001										1	55	55
SIER BATH DECK GEAR	003	F007/D003										3 .	165	165
SINI PUMP	007	UNKNOWN										7	385	385
SIMMONDS PRECISION ENGINE SYS	024	D001,2,7,8/F002	1				20	1105				3	165	1270
SIMON LTI	Ó09	D007										9	495	495
SONOCO	002	UNKNOWN .										2	110	110
SONOCO FIBRE DRUM	003	UNIKNOWN							•			3	165	165
SPECIALIZED PLATING	800	UNKNOWN										. 8	440	440
ST.JOHNSBURY TRUCKING	006	D001,2,8	:				1	55			*	5	275	330
STATURE MACHINE TECHNOLOGY	011	UNKNOWN			•						10	1	355	355
STEVENS ANALYTICAL LABS	005	D002/F001,2,3									4.	1	175	175
STOCKBRIDGE AUTO BODY	005	F005/D001							-			5 .	275	275
STONER, INC.	007	D001,35/F003,5										7	385	385
STRUKTOL CO. OF AMERICA	004	UNKNOWN				*.			OT	ie 20-g	allon,	3	185	185
SUGARBUSH GOLF COURSE (PS)	001	U036								٠.		1	55	55
SUN REFINING AND MARKETING (A	002	D001,18										2	110	110
SUN REFINING AND MARKETING (E		UNKNOWN		₹							•	1	55 '	55
SUN REFINING AND MARKETING (C) 001	UNKNOWN								•		1	55	55

	110 AP				LAB	PACKS			mom.				DRUMS		nost	TOTAL VOLUME
GENERATOR	NO. OF Drums	EPA WASTE CODES		5gal	10gal	20gal	30gal	55gal	TOT GAL		٠	5gal	30gal	55gal	TOT	(Lab Packs + Drums)
										*						•
SURFINCO INC.	003	F003,5/D001	•											3	165	165
SWANSON PLATING	006	D002,7												6	330	330
TARKETT, INC.	055	D001,2,39/F001,2,3												55	3025	3025
TECH SYSTEMS	005	D001									*			5	275 165	275
TECHNICAL CONTINGS	003	U220,159/D039		•		:•						•		3		165
TEKNOR APEX	020	UNKNOWN	. •		•		r				~	1		19	1050	1050
TELEDYNE MCKAY	014	D001,2/F003												14 13	770 715	770 715
THE DINGLEY PRESS	013	F003		4										13	/15	715 5
THE ELECTRIC MATERIALS CO.	001	UNKNOWN		4		:	::.							6	330	330
THE GLOBE NEWSPAPER CO.	006	UNKNOWN												2	330 110	110
THE HENRY HINCKLEY CO. THE PLASTEK GROUP	002	F003,5/D001,35											** .	22	1210	1210
THE PLASTER GROUP THERMATRU CORP.	022 039	DO01/F003 UNKNOWN												39	2145	2145
THREE DIMENSIONAL CORP.	005	D001,2,22				٠.		•						39 5	275	275
TIBBETS INDUSTRY	005	UNKNOWN												1	55	55
TIGHE BOND CORPORATION (PS)	001	D002	•									•		1	55 55	55 55
	011	D005			•		•							11	605	605
TIVOLY, U.S.A. THE & ASSOCIATES	008	D001							•					8	440	440
TODCO CORP	003	D001/F005								<i>*</i>				3	165	165
TOWN OF N. TONAWANDA	001	D001/1805												. 1	55	55
TRANS TECH ELECTRONICS	001	F001												1.	55 55	55 55
TRENCH COMPANY, INC.	016	D001,7,8/F003,5												16	880	880
TRI CAN SYSTEMS	001	F003/D001												1	55	55
TRICO PRODUCTS	006	UNKNOWN						•						6	330	330
TRIFARI KRUSSHAN EISCHEL, INC	001	F007/D003												1	55	55
TRUCK-LITE CO., INC.	016	F003,5/D001											•	16	880	880
TURSACK PRINTING	006	UNKNOWN	•	•										6	330	330
UNIFIRST	001	D039										•		1	55	55 55
UNITED LITHOGRAPH	001	UNIKNOWN												ī	55	55 55
UNITED PANEL, INC.	002	F001,22												2	110	110
UNITED REFINING CO, PA	002	D001,18												2	110	110
(KWIKFILL)		2032,140					,				•				1	

	NO. OF	•		LA	BPACKS			TOT	•		DRUMS		TOT	TOTAL VOLUME (Lab Packs + Drums)
GENERATOR	DRUMS	EPA WASTE CODES	5gal	10gal	20gal	30gal	55gal			5gal	30gal	55gal		(and racks - bready
UNIVERSAL PRECISION	008	D001				•					•	-8	440	440
US DEPT. OF ENERGY	050	D001,2,5,7,8,18/F001-5/U002,56	7			10	7 .	720				26	1430	2150
US GENERAL SERVICES ADMIN (PS)	001	UNKNOWN	٠.								•	1	55	55
US TSUBAKI, INC.	001	UNKNOWN							* *			1	55	55
VAC AERO, INC	009	F009/D002,3										9	495	49 5
VENDORS FIRST CHOICE	001	F003,5								•		1	55	55
VERNE CORPORATION	002	D001			•							2	110	110
VIBROPLATING	013	P006										13	715	715
VILLAGE OF WESTFIELD	001	D001										1	55	55
VINCENZA GOLD OF AMERICA (PS)	001	D002,3										1	55	55
WALLENPACK N. BLEN SCHOOL	004	D002,3/P098	:		*** * * * * *	2		60				2	110	170
WATERVLIET ARSENAL	010	D001,2,7/F003,5/U159,239			•	·						10	550	550
WCA HOSPITAL	001	D001,18									•	1	55	55
WEBASTO SUNROOF, INC.	009	F003/D001										9	495	495
WESTBORO FIELD HDQTRS (PS)	001	U122				•		-				1	55	55
WESTERN MAINE GRAPHICS	002	UNKNOWN		•								2	110	110
WESTINGHOUSE ELECTRIC CORP	072	D001,2,8,35/F001,3	2			• • • • • • •		10				70	3850	3860
WEYERHAUSER CO.	002	UNKNOWN										. 2	110	110
WHITEHALL LUMBER CO	006	UNKNOWN		4.								6	330	330
WILKESBARRE CITIZENS	002	D002			•							2	110	110 .
WILSON GREATBATCH LTD	001	D002								•		1	55	55
WILSON INSTRUMENTS	011	D002,7										11	605	605
WOLF PRINTING	002	UNKNOWN		•								2	110	110
XERXES CORPORATION	005	D001	•		•	-						5	275	275
YORK RAKES	001	P003/D001								•		. 1	55	55
UNKNOWN (DS-9)	003	39838 DR# 40,43,44				• • • • • •	3.	165	•					165
UNKNOWN (DS-9)	004	39839 DR# 41,42,45,46					4.	220						220
UNKNOWN (DS-9)	003	39326 DR# 10,8,18	3	•••••	• • • • • •	* * * * * * * *		15						15

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return re the date of delivery. For additional fees and check box(es) for additional service 1. ☐ Show to whom delivered, date (Extra char.	Space on the reverse seceipt fee will provide the following services (s) requested.	(Extra charge)
3. Article Addressed to:		4. Article Number PZ 78 592 078
A.B. CHANCE 210 N. ALLEN STREET CENTRALIA MC	65240	of Service: gistered Insured rtified COD press Mail Return Receipt for Merchandise or agent and DATE DELIVERED.
5. Signature Addressee X	*	Addressee's Address (ONLY if requested and fee paid)
6 Signature — Agent All face to. 7. Date of Delivery		
PS Form 3811 Apr 1989	+U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete items 1, 2, 3, and 4 on the reverse.
- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE

USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA ŽÕ FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

9 3 and 4. Put your address in the "RETURN To	O" Space on the reverse on receipt fee will provide ees the following services vice(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
ABB AIR PREHEATER, PO BOX 392 WELLSVILLE	INC. NY 14895	f Service: istered Insured tified COD ress Mail Return Receipt for Merchandise obtain signature of addressee or agent and DATE DELIVERED.
5. Signature Addressee X 6. Signature - Agent X 7. Date of Delivery 5 - 24-93	olon	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811 , Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE Y. 149 05 44 93 17:20

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
 Attach to front of article if space
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USF

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

ATTN: SUZANNE BECKER

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Put your address in the "RETURN from being returned to you. The ret the date of delivery. For additional and check box(es) for additional st. Show to whom delivered,	TO" Space on turn receipt fee fees the follo ervice(s) reque	the reverse se will provide wing services ested.	services are desired, and complete side. Failure to do this will prevent a you the name of the person delivered are available. Consult postmaster ddress. 2. Restricted Deliver (Extra charge)	this card ed to and r for fees
3. Article Addressed to:			4. Article Number P. 278 592	100
ABB KENT-TAYLOR PO BOX 20550 ROCHESTER	NY	14603	Service:	eceipt
			tain signature of addres	ssee
5. Signature — Addressee X			8. Addressee's Address (ONL requested and fee paid)	Y if
6. Signature - Agent X	Dies	-		
7. Date of Delivery	-24-9	3		
PS Form 3811, Apr. 1989	. * U.S.G.P.	O. 1989-238-815	15 DOMESTIC RETURN	N RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.





PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

9 3 and 4. Put your address in the "RETURN TO" from being returned to you. The return of the return	Space on the reverse s receipt fee will provide s s the following services se(s) requested. e, and addressee's add	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
ABB TRACTION, INC EAST 18TH ST	NY 14903	f Service: istered
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery		8. Addresse's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	+U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPS

.MIRA H.Y. 149 05-8519B 20/19

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

1 1111

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

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SENDER: Complete items 1 and 2 when additional signal 4. Put you'll address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide y the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's add (Extra charge)	ide. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to: ACF SHIPPERS CARLINE YUCUM ROAD MILTON PA 17847	4. Article Number Article Number
5. Signature — Addressee X 6. Signature — Agent	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 5/35/93 PS Form 38.11, Apr. 1989 *** *** **** **** ****************	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE. \$300

U.S.MAI

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

ATTN: SUZANNE BECKER

1...!!!!!.....!.!!..!!..!!..!!!!

SENDER: Complete items 1 and 3 and 4.	d 2 when addigional:	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt fee will provide the following services e(s) requested. e, and addressee's ad	side. Failure to do this will prevent this card you the name of the person-delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
ACIMI CORP 7-33 AMSTERDAM ST NEWARK	NJ 0710	rvice: Da 7 8 5 9 29 0
Signature — Addressee		8. Addressees Address (ONLY if requested and fee paid)
6. Signature – Agent		
x		
7. Date of Delivery 5-25-93		
PS Form 3811, Apr. 1989	±U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

SENDER: Complete items 1 an 3 and 4.	d 2 when a	dditional s	services are desired, and complete items
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3. Article Addressed to:			4. Article Number 1913
ADCHEM CORP. 625 MAIN STREET WESTBURY	NY	11590	ervice: red
5. Signature — Addressee			8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent			•
X / Agent			
7. Date of Delivery	4		·
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1	989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete Items 1, 2, 3, and 4 on the reverse.

- · Attach to front of article if space permits, otherwise affix to back of
- article. • Endorse article "Return Receipt
- Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

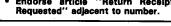
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

■ 3 and 4.		ervices are desired, and complete items
Put your address in the "RETURN TO" Space from being returned to you. The return receipt the date of delivery. For additional fees the fo and check box(es) for additional service(s) ret	fee will provide y llowing services	you the name of the person delivered to and
1. ☐ Show to whom delivered, date, and (Extra charge)	addressee's add	Iress. 2. ☐ Restricted Delivery . (Extra charge)
3. Article Addressed to:		4. Article Number .* 1 13
ADCO PRODUCTS 4401 PAGE AVENUE MICHIGAN CENTER MI	48254	service: ered
		tain signature of addressee and DATE DELIVERED.
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X		~
7. Page of Delivery 5-24-53		
PS Form 3811. Apr. 1989 +us.	G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the ravarsa.

- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt







PENALTY FOR PRIVATE USE, \$300

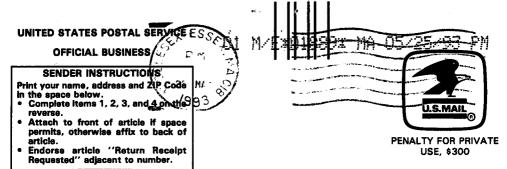
RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YURK, NY 10278

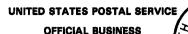
SENDER: Complete items 1 and 2 when additional s 3 and 4.	·
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional feature charge)	you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number P278591914
ADMIRAL FOLDING BOX 102 PLEASANT VALLEY METHVEN MA 01844	ervice: ered
	tain signature of addressee
5. Signature — Addressee X 6. Signature — Agent	8. Addressee's (1995) (1997) if requested and reduced
7. Date of Delivery	DES S
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

Put your address in the "RETURN TO from being returned to you. The return	Space on the reverse receipt fee will provide so the following services ce(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to: AEP INDUSTRIES #1 20 KNICKERBOCKER MOONACHIE	NJ 07074	4. Article Number P 78591916 ervice: red
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery	1 1500 - 1873	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



SENDER INSTRUCTIONS

Print your name, address and ZIP Code In the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



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RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

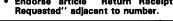
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	Space or receipt fe the following the following (s) require, and ad	n the reverse e will provide wing services ested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
		with .	P278591917
AEROQUIP CORP. 222 WEST MAIN ST. VAN WERT	ОН	45891	ervice: ed Insured COD Mail Return Receipt for Merchandise
			ein signature of addressee
		, etc.	or agent and DATE DELIVERED.
5. Signature — Addressee X		in the	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X	60	elsof	R
7. Date of Delivery 5-24-93			
PS Form 3811, Apr. 1989	±U.S.G.P.	O. 1989-238-815	5 DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt







PENALTY FOR PRIVATE USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

ATTN: SUZANNE BECKER

1...1111.....1.11...11...1...1...1

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional fees and check box(es) for additional servic 1. Show to whom delivered, date	Space on receipt fee the follow e(s) reque e, and add	the reverse s will provide wing services sted.	
(Extra cha	rge)		(Extra charge)
3. Article Addressed to:			4. Article Number 0278591918
AGC CURP (PS) 106 EVANSVILLE ST MERIDEN	ст	06450	ervice: ered Insured ed ICOD s Mail Return Receipt for Merchandise
			tain signature of addressee DATE DELIVERED.
5. Signature – Addressee	dy		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X			
7. Date of Delivery			
PS Form 3811, Apr. 1989	* U.S.G.P.	D. 1989-238-815	DOMESTIC RETURN RECEIPT

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USE, \$300



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

ATTN: SUZANNE BECKER

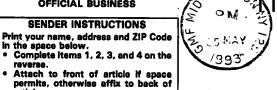
SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service: and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ad (Extra charge)	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number 0978591919
AGWAY ENERGY ON THE GREEN VERBANK VERBANK NY 12585	rvice:
5. Signature Addresses Addresses X Law Mark Mark Mark Mark Mark Mark Mark Mark	Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 5	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

in the space below. Complete Items 1, 2, 3, and 4 on the reverse. Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt

Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

SENDER: Complete items 1 ar 3 and 4.	nd 2 when additional s	services are desired, and complete items
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(Extra che	arge)	(Extra charge) 4. Article Number
		4. Article Part 8 591921
AIROIL PRODUCTS 69 WESLEY ST S•HACKENSACK	NJ .07606	ervides ared Insured ad COD s Mail Receipt for Merchandise
		tain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
× nn		requested and fee paid
6. Signature — Agent	_	
X ffter	at .	
7. Date of Delivery	5/75	193
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

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PENALTY FOR PRIVATE USE, \$300

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USEPA 26 FEDERAL PLAZA ROUM 759 NEW YORK NY 10278

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	'Space on the reverse s receipt fee will provide y s the following services te(s) requested. e, and addressee's add	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
AIRLINE PETROLEUM PO BOX 187,WINOL A CLARKS SUMMIT	RD PA 18411	pa78591990 Service: ered
5. Signature — Addlessee X C. Signature — Agen X 7. Date of Delivery	<u></u>	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

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RETURN TO

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USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

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3. Article Addressed to:	4. Article Number
ALLEGHENY CO-DEPT OF L 10 COUNTY OFFICE BLDG PITTSBURGH PA 15219	Service: stered Insured Ified COD Base Mail Return Receipt For Merchandise Dotain signature of addressee To agent and DATE DELIVERED.
5. Signature – Addressee X 6. Signature – Agent X 7. Date of Felivery	8. Addresse's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

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USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

ATTN: SUZANNE BECKER



USE, \$300

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. The Show to whom delivered, date, and addressee's additional services.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number P28,591924
ALLIANCE TOOL DIVISION 400 TRABOLD RD ROCHESTER NY 14624	Service: ered
	ptain signature of addressee or agent and DATE DELIVERED.
5 Signature — Addressee *** Marino 6. Signature — Agent	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery エンソー <i>9</i> ラ	400 Insteed of
PS Form 3811, Apr. 1989 +us.g.p.o. 1989-238-815	DOMESTIC RETURN RECEIPT

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USE. \$300

RETURN

Print Sender's name, address, and ZIP Code in the space below.

TO TO

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

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	SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items
-	Put your address in the "RETURN TO" Space on the reversifrom being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following serviciand check box(es) for additional service(s) requested.	e you the name of the person delivered to and
L	 Show to whom delivered, date, and addressee's a (Extra charge) 	ddress. 2. Restricted Delivery (Extra charge)
Г	3. Article Addressed to:	4. Article Number
r	ALL TED STATED TAGS	P278591925
- [4	ALLIED SINTERINGS 29 BRIARIDGE RD	Service:
	D. A. M. D. L. D. M	ered L Insured
'	DANBURY CT: 0681	
		ss Mail Return Receipt for Merchandise
-		btain signature of addressee
L		or agent and DATE DELIVERED.
1	5. Signatyfe – Addressee	8. Addressee's Address (ONLY if
(X f. m. Vreelase	requested and fee paid)
T	6. Signature – Agent	
L	X	·
	7. Date of Delivery 5.21.93	
P	\$ Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-8	15 DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

- reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



Print Sender's name, address, and ZIP Code in the space below.

U.S.MAIL

PENALTY FOR PRIVATE

USE, \$300

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additions 3 and 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Extra charge)	se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees
AMERICAN AIRLINES HANCOCK AIRPORT N. SYRACUSE NY 1321	ss Mail Return Receipt for Merchandise btain signature of addressee
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-	B15 DOMESTIC RETURN RECE

SENDER INSTRUCTIONS

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- Endorse article "Return Receipt Requested" adjacent to number.





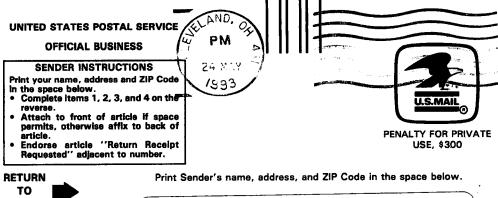
RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service (s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
AMRESCO 30175 SOLON INDUSTRIAL PK SOLON OH 44139	Service: ered
	or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SUZANNE BECKER ATTN:

de?	SENDER:		I also wish to receive the
8	 Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. 		following services (for an extra
erse	 Print your name and address on the reverse of this form so that 	t we can	fee):
reve	return this card to you. • Attach this form to the front of the mailpiece, or on the back if	space	1. 🗌 Addressee's Address
	does not permit.		
ŧ	 Write "Return Receipt Requested" on the mailpiece below the arti- The Return Receipt will show to whom the article was delivered at 		2. Restricted Delivery
5	delivered.		Consult postmaster for fee.
ğ	3. Article Addressed to:	4a. Arti	cle Number
*		· · · · · · · · · · · · · · · · · · ·	P 353 158 184
	ANAREN MICROWAVE, INC CORPORATE HEADQUARTERS E. SYRACUSSE NY 130	157	ce Type ered
A)f Delivery 5-21-93
TURN	5. Signature (Addressee)		essee's Address (Only if requested . fee is paid)
ur RE	6. Signature (Agent)		· ·
ls yo	PS Form 3811, December 1991 &U.S. GPO: 1992-323	402 D	OMESTIC RETURN RECEIPT

Official Business

Official Business

Official Penalty For Private Puse To Avoid Payment OF Postage, \$300; P

Print your name, address and ZIP Code here

USEPA
26 FEDERAL PLAZA ROOM 759
NEW YORK,NY 10278
ATTN: MS. SUZANNE BECKER

3 and 4.			services are desired, and complete items		
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the date of delivery For additional fer	e the follo	wing carvices	you the name of the person delivered to and are available. Consult postmaster for fees		
and check box(es) for additional servi			are available. Consuit positilaster for fees		
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(Extra ch			(Extra charge)		
3. Article Addressed to:			4. Article Number		
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ANHUESER BUSCH 2970 BELGIUM RD			ertice)		
BALDWINSVILLE	NY	13027	ered histired		
ONEDWING! IEEE	14.1	13027			
			ed COD		
			s Mail Return Receipt for Merchandise		
			stain signature of addressee		
			or agent and DATE DELIVERED.		
5. Signature - Addressee			8. Addressee's Address (ONLY if		
1 *			requested and fee paid)		
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6. Signature — Agent	_				
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7. Date of Delivery					
may 24, 19	93				
PS Form 38 11, Apr. 1989	★ U.S.G.P.	O. 1989-238-815	DOMESTIC RETURN RECEIPT		

UNITED STATES POSTAL SERVICE #6 **OFFICIAL BUSINESS** ONQUER PMSENDER INSTRUCTIONS MULTIPLE Print your name, address and ZIP Code in the space below. MAY SCLEROSI . Complete items 1, 2, 3, and 4 on the /993 reverse. Attach to front of article if space permits, otherwise affix to back of article. PENALTY FOR PRIVATE Endorse article "Return Receipt USE, \$300 Requested" adjacent to number.

RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

3 and 4. Put your address in the "RETURN TO from being returned to you. The return	" Space on receipt fee es the follow ice(s) reque ite, and add	the reverse s will provide wing services sted.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number P278591936
ANITEC INTL PAPER 40 CHARLES ST BINGHAMTON	IMAG NY	13902	ervice: ered Insured ed COD s Mail Return Receipt for Merchandise tain signature of addressee DATE DELIVERED.
 5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery 			8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	+ U.S.G.P.	O. 1989-238-815	DOMESTIC RETURN RECEIPT

OFFICIAL BUSINESS OFFICIAL BUSINESS OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print S

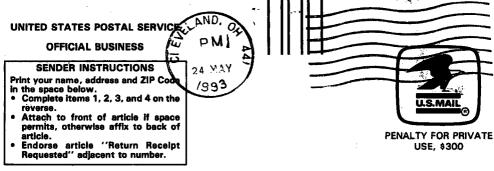
Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ad (Extra charge)	you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
APS INC 7600 TYLER BLVD OH 44060 MENTOR	Service: tered Insured ied COD ss Mail Return Receipt for Merchandise train signature of addressee or agent and DATE DELIVERED.
5. Signature — Agent K. Signature — Agent	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 52493	-
10 Farmi 2011 A 1000	DOLLEGEIG DETILIBLI DEGENE

PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT



RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

		•
	SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
	3. Article Addressed to:	4. Article Number PO71 550 110
N.	APEX AVE RI 02862	Type of Service: Registered Insured Certified COD Express Mail for Merchandise
		Always obtain signature of addressee or agent and DATE DELIVERED.
	X Signature - Addressee X Success 6. Signature - Agent	8. Addressee's Address (ONLY if requested and fee paid)
	X 7. Date of Delivery	
4 =		
	PS Form 3811 Apr 1080 -116 CPO 1989 228 218	DOMESTIC RETURN RECEIPT

rs rorm 36 i i, Apr. 1989

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





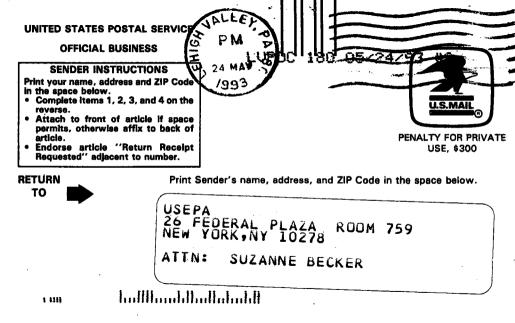
RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

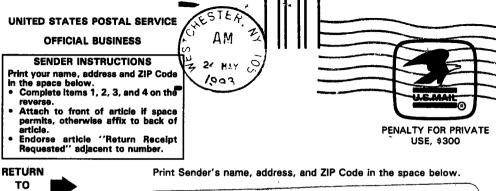
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK:NY 10278

SENDER: Complete items 1 and 2 when addit 3 and 4.	•
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3. Article Addressed to:	4. Article Number
APOLLO METALS INC 1001 14TH AVE. BETHLEHEM PA 18	Service: ered
5. Signature Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	
7. Date of Servery	5/24/20
PS Form 3811, Apr. 1989 *U.S.979.0. 1989	238-815 DOMESTIC RETURN RECEIPT



			
SENDER: Complète items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)			
2 Article Addressed to:		4. Article Number	
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ARIES AUTOMOTIVE C		ered Insured	
VI 15 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NY 10587	ed COD	
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	,	s Mail Return Receipt for Merchandise	
· • • • • • • • • • • • • • • • • • • •		otain signature of addressee	
		or agent and DATE DELIVERED.	
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\times (/ \times)	VO /	requested and fee paid)	
6. Signature - Agent			
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7. Date of Delivery			
PS Form 3811 Apr 1989	+115 G P.O. 1989-238-81	DOMESTIC RETURN RECEIPT	

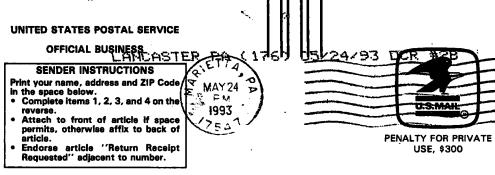
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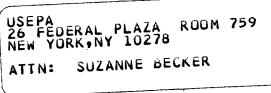
USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 ROOM 759 ATTN: SUZANNE BECKER

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3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's ad (Extra charge)	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
ARMSTRONG WORLD INDUSTRIES RTE • 441, PO BOX 169 MARIETTA PA 17547	D278591934 Service: ered Insured ed COD ss Mail Receipt for Merchandise otain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent 7. Date of Delivery 5 — 1 4 9 3	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-819	DOMESTIC RETURN RECEIPT



RETURN TO Print Sender's name, address, and ZIP Code in the space below.



9 3 and 4. Put your address in the "RETURN TO"	" Space on the reverse some receipt fee will provide to see the following services ice(s) requested. Ite, and addressee's add	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
ARVIN CALSPAN CORP GENESEE ST BUFFALO	• NY 14225	Service: \$5 Servic
5. Signature - Addressee	B	Address of Address (ONLY if
X	Z1):3	reglemed that fee paid)
6. Signature, - Agent		1000
x M Love	\4	3 * / 3 /
7. Date of Delivery		
PS Form 3811, Apr. 1989	* U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

3 and 4.			services are desired, and complete items
from being returned to you. The return r	eceipt fee	will provide wing services	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
1. Show to whom delivered, date (Extra char	e, and add		dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number 40
ATLANTIC REFINING	(A)	growy s	P278591938
ATLANTIC REFINING			ervice:
ROCHESTER	NY	14621	red Linsured
			Mail Return Receipt for Merchandise
· ·		•	ain signature of addressee
		-	or agent and DATE DELIVERED.
5. Signature — Addressee			8. Addressee's Address (ONLY if
x			requested and fee paid)
			Ĉ.
6. Signature – Agent			y i
x Keely Jun			
7. Date of Delivery			
5/22/93)		
PS Form 3811, Apr. 1989	∗U.S.G.P.	O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

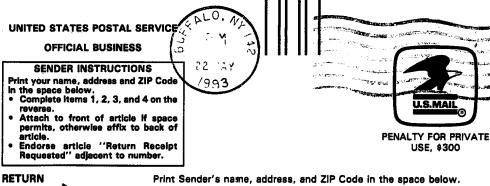
RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ATTN: SUZANNE BECKER

'g : 3

SENDER: Complete items 1 ar 3 and 4.	nd 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt fee will provide to the following services ce(s) requested. te, and addressee's add	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
	/D)	P278591938 Service:
ATLANTIC REFINING 828 RIDGE RD W. WEBSTER	(B) NY 14580	tered Insured
		btain signature of addressee
		or agent and DATE DELIVERED.
5. Signature - Addressee	NY.	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	0	
V. Date of Delivery	12/12/1/17	
PS Form 38 11 Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



TO

ROOM 759 USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 ATTN: SUZANNE BECKER

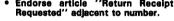
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ATLANTIC REFINING 3930 DEWEY AVE ROCHESTER	(C)		P278591941
3930 DEWEY AVE			Service:
ROCHESTER	NY	14621	ered 📙 Insured
			ed COD
Ī			ss Mail Return Receipt for Merchandise
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			or agent and DATE DELIVERED.
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x Unux Bertma	\supset		requested and fee paid)
6. Signature - Agent	•		,
X			
7. Date of Delivery			
PS Form 3811, Apr. 1989	⋆U.S.G.F	P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- article.
 Endorse article "Return Receipt







PENALTY FOR PRIVATE USE, \$300

RETURN TO

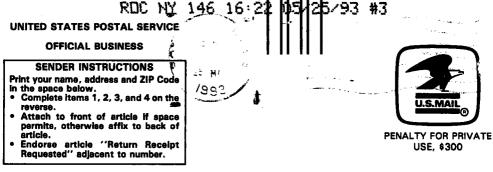


Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA RODA 759

26 FEDERAL PLAZA NEW YORK, NY 10278

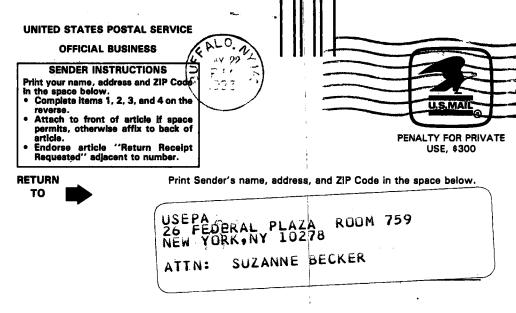
3 and 4.		-	- 7	are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional fee and check box(es) for additional servi 1. Show to whom delivered, data (Extra che	receipt fee ves the following ce(s) request te, and address.	vill provide y ing services ted.	you the na are availa	me of the person delivered to and
3. Article Addressed to:	21 80)	-	ΔΦ. Δrtic	cle Number
		-	10	P278591942
ATLANTIC REFINING 2272 CULVER RD	(D)			ervice:
ROCHESTER	·NY	14609	1.	od COD S Mail Return Receipt
2 1 1	,	The state of the s		tain signature of addressee
- Ge			or agent	and DATE DELIVERED.
5. Signature - Addressee				ressee's Address (ONLY if
X			reque	ested and for paid) TA
6. Signature — Agent				3-74 C)
× Mechaly Dean	an			(A)
7. Date of Delivery	7	1 25k		
5-24-93	· · · · ·		il. 13	di)
S Form 3811, Apr. 1989	± U.S.G.P.O.	1989-238-815		DOMESTIC BETHEN RECEIPT



RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

SENDER: Complete items 1 and 2 will 3 and 4.	hen additional se	ervices are desired, and complete items
Put your address in the "RETURN TO" Space from being returned to you. The return receipt the date of delivery. For additional fees the for and check box(es) for additional service(s) retained to the strong delivered, date, and (Extra charge)	fee will provide you blowing services a quested.	ou the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:		4. Article Number P278 591943
ATLANTIC REFINING (E) NORTH AND EAST AVE CALDONIA NY	14423	ervice: red Insured d COD s Mail Return Receipt for Merchandise
		tain signature of addressee
E Carre Address		
5. Signature — Addressee X Linus Sallis		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent		
7. Date of Delivery 5-22-	-23	مان ماند
PS Form 3811, Apr. 1989 *u.s.e	G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

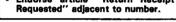


SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prove the date of delivery. For additional fees the following servand check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Extra charge)	rse side. Failure to do this will prevent this card ride you the name of the person delivered to and rices are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number P278591946
ATTICA CORRECTIONAL FOLTY EXCHANGE STREET NY 140:	Service: ered Insured ed. COD s Mail Return Receipt for Merchandise
	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X	
7. Date of Delivery 5/34/93	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-230	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the TOVOTRO.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt







USE. \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

9 and 4. Put your address in the "RETURN from being returned to you. The retthe date of delivery. For additional and check box(es) for additional set 1. Show to whom delivered,	TO" Space on the reverse s urn receipt fee will provide y fees the following services rvice(s) requested.	iervices are desired, and complete items ide. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees Iress. 2. Restricted Delivery (Extra charge)
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B & B GREENBERG (333 W.RIVER ST PROVIDENCE	CO• RI 02904	D278 5 9/947 Dervice: ording Insured ording COD s Mail Return Receipt for Merchandise or agent and DATE DELIVERED.
5. Signature — Addresses X 6. Signature — Agent X 7. Date of Delivery	Laflanno 3	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the ravarse.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.





PENALTY FOR PRIVATE USE. \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additional state 3 and 4.	
Put your address in the "RETURN TO" Space on the feverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
BAILEY MANUFACTURING BENNETT STATE ROAD FORESTVILLE NY 14062 P, O, BOX 356	Service: tered Insured ied COD ss Mail Return Receipt for Merchandise obtain signature of addressee or agent and DATE DELIVERED.
E Cimpture Addresses	
5. Signature — Addressee X 6 Signature — Addressee V. Date of Delivery	8. Addresse's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 ** u.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

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SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- e Endorse article "Return Receipt
- Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO

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USEPA 26 FEDÉRAL PLAZA ROOM 759 NEW YORK,NY 10278

SENDER: Complete items 1 and 2 wher additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
BALLETMAKERS, INC 788 BLOOMFIELD AVE CLIFTON NJ 07012	parvice: ered Insured ed COD is Mail Receipt for Merchandise tain signature of addressee
	or agent and DATE DELIVERED.
5. Signature Addressee X (. Europea)	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent	, , , , , , , , , , , , , , , , , , ,
7. Date of Delivery 5/24/93	MAY 2.6 1733
PS Form 3811 #pr 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below.

 Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA

26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

	<u> </u>		
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)			
3. Article Addressed to:		4. Article Number	
BARRNET LITHO, INC. 307 N. COMBUR AVE JOHNSTOWN	NY 12095	P278591951 Service: ered	
		or agent and DATE DELIVERED.	
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery	9 6-3	8. Addressee's Address (ONLY if requested and fee paid)	
PS Form 3811. Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT	

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.

122 AN 45/24/93 OCR#12



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

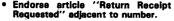
ÚSEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return of	Space receipt the fo	on offreverse s fee will provide flowing services	services, are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and sare available. Consult postmaster for fees
1. Show to whom delivered, date (Extra cha.	e, and a		(Extra charge)
3. Article Addressed to:	42		4. Article Number
BARRE ENGRAVING CO. 322 N. PENNA AVE WILKES BARRE	PA	18702	P278591956 Service: ered Insured ed COD ss Mail Return Receipt for Merchandise otain signature of addressee or agent and DATE-DELIVERED.
5. Signature Addressed X 6. Signature — Agent X 7. Date of Delivery			8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	⋆u.s.c	S.P.O. 1989-238-815	DOMESTIC RETURN RECEIP

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- . Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt





PENALTY FOR PRIVATE USE, \$300

U.S.MAIL

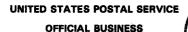
RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA

26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

3 and 4. Put your address in the "RETURN TO" S from being returned to you. The return re-	ipac on the reverse s ceipt fee will provide y the following services s) requested: and addressee's add	ervices are desired, and complete items ide. Failure to do this will prevent this card ou the name of the person delivered to and are available. Consult postmaster for fees iress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
BATTERY ENGINEERING 1636 HYDE PARK AVE HYDE PARK	INC MA 02136	Pa78 591598 Service: ered: Insured ed COD sis Mail Return Receipt for Merchandise or agent and DATE DELIVERED.
6. Signature – Agent 7. Date of Delivery	BOWN NO.	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the reverse. · Attach to front of article if space

permits, otherwise affix to back of article. • Endorse article "Return Receipt

Requested" adjacent to number.



RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

24 MAY

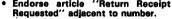
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3 and 4. Put your address in the "RETURN TO	o'' Space on n receipt fee es the followice(s) reque ate, and add	the reverse will provide wing services sted.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
BELOIT MANHATTAN PO BOX 157 CLARK SUMMIT	PA	18411	P278591953 Service: ared
5. Signature - Addressee			8. Addressee's Address (ONLY If
x			 requested and fee paid)
6 Signature - Agent Jave 7.1 Date of Delivery 5.24	lers		·
PS Form 3811, Apr. 1989	* U.S.G.P.	O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete Items 1, 2, 3, and 4 on the reverse.

- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt





RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

ROOM. 759 USEPA 26 FEDERAL PLAZA NEW YORK NY 10278

3 and 4. Put your address in the "RETURN TO from being returned to you. The return	o" Space on the reverse some receipt fee will provide est the following services ice(s) requested. ate, and addressee's addre	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
BLIEM STEEL 1500 COINING DR TOLEDO	OH 43612	Service: tered
		or agent and DATE DELIVERED.
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent		
×		
7. Date of Delivery		
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- The space below.
 Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





Print

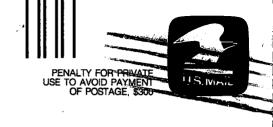
Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

on the reverse side	 Complet Print your return this Attach the does not perform the complete that the complete tha	e items 1 and/or 2 for additional services., e items 3, and 4e & b. ur name end address on the reverse of this form so the card to you. his form to the front of the mailpiece, or on the back i	f space cle number. nd the date	Consult postmaster for fee.	
Perce completed		LEY ELECTRIC 545 W. GRANDVIEW BLVD. ERIE PA 16	4a. Arti	e Type red	
our RETURN AD	5. Signature (Addressee) 6. Signature (Agent) Undith Mistretta			8. Addressee's Address (Only if requested and fee is paid)	
Š	PS Form	3811, December 1991 ±U.S. GPO: 1992-323	1402 D	OMESTIC RETURN RECEIPT	

UNITED STATES POSTAL SERVICE

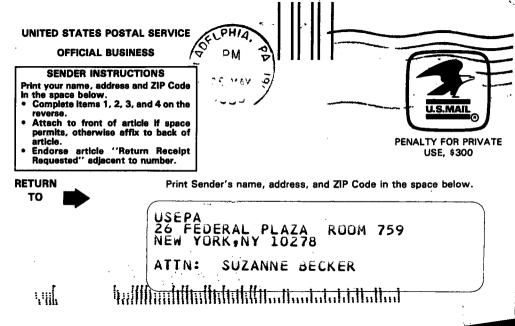
Official Business



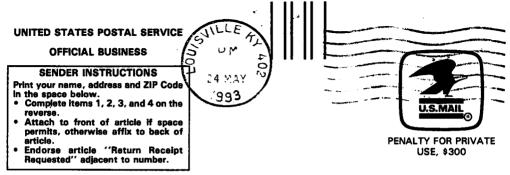
Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

9 3 and 4. Put your address in the "RETURN TO"	Space on the reverse seceipt fee will provide the following services (s) requested. and addressee's addressee's addressee's	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
	1.5	P278591955
BLUE CHIP PRODUCTS, 1 NEWBOLD RD FAIRLESS HILLS	INC PA 19030	Service: tered Insured ted COD ss Mail for Merchandise
	3.0	otain signature of addressee or agent and DAT€ DELIVERED.
5 0		
5. Signature – Addressee X Aman 6. Signature – Agent		8. Addressee's Address (ONLY if requested and fee paid)
X		
7. Date of Delivery 3-24-23	7- 5:11 1.	1. '
2S Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 and 3 and 4.	2, when additional	services are desired, and complete items
Put your address in the "RETURN TO"	Space on the reverse	side. Failure to do this will prevent this card
from being returned to you. The return r	eceipt fee Will provide	you the name of the person delivered to and sare available. Consult postmaster for fees
and check box(es) for additional service	e(s) requested.	s are available. Consult postmaster for rees
1. Show to whom delivered, date	and addressee's ad	
(Extra char	(ge) / (go)	(Extra charge)
3. Article Addressed to:	/993	4. Article Number
		0278591956
BLUE GRASS CHEMICAL	SP	Service:
895 INDUSTRIALS BLV	U•	ered Insured
NEW ALBANY	IN 47150	ed COD
		Return Receipt
ł		tor Werchandise
		otain signature of addressee
		or agent and DATE DELIVERED.
5. Signature - Addressee		8. Addressee's Address (ONLY.i)
XQ June 1		requested and fee paid)
	<u> </u>	
X		
7. Date of Delivery		
111111111111111111111111111111111111111		i thinitth to the t
PS Form 3811, Apr. 1989	+U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



RETURN

Print Sender's name, address, and ZIP Code in the space below.



3 and 4. Put your address in the "RETURN TO from being returned to you. The returned to detect the date of delivery. For additional servand check box(es) for additional servand check box(es) for additional servand.	D'' Space on receipt for the state of the following vice(s) required	on the reverse : ee will provide lowing services uested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and sare available. Consult postmater for fees
1. Show to whom delivered, d. (Extra ci		ddressee's ad	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number P278591957
BOSTON COACH 1 AIRFORCE ROAD EVERETT	MA	02149	Service: tered
			or agent and DATE SELVERED.
5. Signature — Addressee X	1		8. Mares of s Address (ONLY if requested and less paid
6. Signature — Agent X / Mencel	<u> </u>		\$ 15 m
7. Date of Delivery S Form 3811, Apr. 1989	-USB	P.O. 1989-238-81	
G FURII GO I I, API. 1707	¥ U.3.U.	F.V. 1395"230"013	

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

· Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt

Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN

reverse.

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SUZANNE BECKER ATTN:



on the reverse side	SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so tha return this card to you. • Attach this form to the front of the mailpiece, or on the back if does not permit. • Write "Return Receipt Requested" on the mailpiece below the artie. • The Return Receipt will show to whom the article was delivered and delivered.	f spa cle ni nd th	ce umber. e date	Consult postmaster for fee.	Receipt service.
B	3. Article Addressed to:	4.4	-Art	ticle Number	Ξ
	BRAINERD MANUFACTURING CO. 115 N. WASHINGTON STREET E. ROCHESTER NY 1444	•	-11	vice Type stered	or using Retu
P	\circ	7.	Date	e of Delivery MAY 2 0 1993	1 110
TURN /	5. Signature (Addressee)	8.		dressee's Address (Only if requested fee is paid)	hank v
3	6. Signature (Agent)			·	-
ğ		1			
Sy	PS Form 3811, December 1991 ** ** U.S. GPO: 1992-323	402	D	OMESTIC RETURN RECEIPT	

RDC NY 146 18:28

Official Business

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300



Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA NEW YORK,NY 10278 ROOM 759

MS. SUZANNE BECKER

mm ml

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return re	Space on the reverse seceipt fee will provide the following services (s) requested, and addressee's add	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4 Article Number
BRIDON AMERICA CORP STEVENS LANE EXETER	• PA 18043	Service: tered
,		obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee		8. Addressee's Address (ONLY if
Х7		requested and fee paid)
6. Signature - Agent		
x Mora Subler		
7. Date of Delivery		
5-29-93		
PS Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

....

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROUM 759 NEW YORK,NY 10278

reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit.	f space	I also wish to receive the following services (for an extra fee): 1. Addressee's Address	ot Service.
ţ	Write "Return Receipt Requested" on the mailpiece below the arti The Return Receipt will show to whom the article was delivered as	nd the date	2. ☐ Restricted Delivery Consult postmaster for fee.	eceipt
eted on	3. Article Addressed to: Ruidt Star Salustry	4a. Arti	icle Number 41 768 815	turn R.
complete	Bright Stor Stadestry 388 Stewart Road		vice Type stered	g Re
SS	Honorer chiel. Estates	Certi	ess Mail Return Receipt for	usin
ADDR	Wilkis Barne P.A. 18706-1459		Merchandise Merchandise	ou for
URN	5. Signeture (Addressee) lien Vogt.		ressee's Address (Only if requester fee is paid)	ank
UKRET	6. Signatur (Agent) Cantellar 5		SEP 1 4 1993	_ F -
, <u>></u>	PS Form 3811, December 1991 xu.s. GPO: 1992-32	3-402 D	OMESTIC RETURN RECEIP	Γ

Official Business



Print your name, address and ZIP Code here

U.S. E.P.A. 26 FEDERAL PLAZA, RM 759 NEW YORK,NY 10278

SENDER: Complete items 1 and 3 and 4.	id 2 when additional	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt fee will provide to the following service ce(s) requested. te, and addressee's ad	side. Failure to do this will prevent this card you the name of the person delivered to and as are available. Consult postmaster for fees ddress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		LA Amigle Number
TOUR COVE TOURT		P278591960
BROAD COVE TRUST : MEDOMAK ROAD BREMEN	ME 04551	Service: ered Insured ed COD s Maji for Merchandise
10		Atways obtain signature of addressee or agent and DATE DELIVERED.
5. Signature springers X	\	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Maent		
7. Date of Delivery 5 - 22 - 93		
PS Form 3811, Apr. 1989	★ U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT

OFFICIAL BUSINESS SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

reverse. · Attach to front of article if space permits, otherwise affix to back of

article. • Endorse article "Return Receipt

Requested" adjacent to number.



USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

SENDER: Complete items 1 and 2 when a alitional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's a (Extra charge)	e side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees
BRUNSWICK TIMES RECORD PO BOX 10, INDUSTRY RD BRUNSWICK ME 04011	Service: tered Insured ed COD ss Mail Return Receipt for Merchandise
	or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X. Mindo Short 7. Date of Delivery 5. 24-93	
PS Form 3811, Apr. 1989 +u.s.g.p.o. 1989-238-8	15 DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

3 and 4. your address in the "RETURN TO n being returned to you. The return	" Space or receipt fer es the follo ice(s) reque ite, and ad	the reverse se will provide wing services ested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and sare available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
Article Addressed to: SUCKEYE PIPELINE SATES ROAD UBURN	NY	13021	4. Article Number P37859196 3 Service: ered
1			or agent and DATE DELIVERED.
5. Signatur — Address Over 6. Signatur — Agent X	ne 4-93	3	8. Addressee's Address (ONLY if requested and fee paid)
Secon 3811 Apr 1989	+IIS G P	O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300



Print Sender's name, address, and ZIP Code in the space below.

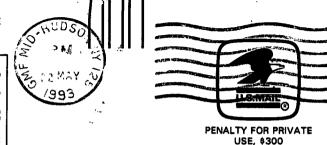
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3 and 4.	ervices are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse's from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service(s) requested. (Extra charge)	ou the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
BUCKNER OIL SERVICE INC SLOOP HILL RD NEW WINDSOR NY 12553	Service: tered
	or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery 5-22-93	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article. · Endorse article "Return Receipt Requested" adjacent to number.



RETURN

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759** ATTN: SUZANNE BECKER

4 1144

3 and 4.	* ~	services are desired, and complete items
I from being returned to you. The return r	eceipt fee will provide the following services e(s) requested. e, and addressee's add	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	807	
	,	4. Article Number P28591965
BUFFALO COLOR CORP. 100 LEE ST BUFFALO	NY 14210	effice: ared Insured d COD s Mail for Merchandise
		otain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X CM Kew		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent		
7. Date of Delivery		
PS Form 3811, Apr. 1989	* U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



USE. \$300



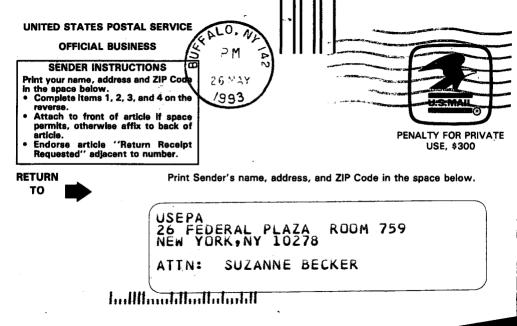
reverse.



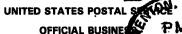
Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

SENDER: Complete items 1 and 2 when additional stand 4. Put your address in the "RETURN TO" Space on the reverse strom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service is and addressee's additional service is requested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra charge) 3. Article Addressed to:	(Extra charge) 4. Article Number
BUFFALO FREE TRADE COMPLEX 85 RIVER ROCK DRIVE BUFFALO NY 14207	P978591966 Service: tered
	or agent and DATE DELIVERED.
5. Signature - Addressee X B L Signature - Agent X	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-819	DOMESTIC RETURN RECEIPT



Put your address in the "RETURN TO"	'.Space or receipt fe is the folloce(s) requi te, and ad	the reverse se will provide wing services ested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to: BURROUGH HALL 8 N • MAIN ST : ALL ENTOWN	NJ	08501	4. Article Number Park 59 196 Service: tered Insured ied COD ss Mail Return Receipt for Merchandise btain signature of addressee
			or agent and DATE DELIVERED.
5. Signature – Addressee X		•	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	ur		
7. Date of Delivery	3		
PS Form 3811, Apr. 1989	⋆U.S.G.P	O. 1989-238-815	DOMESTIC RETURN RECEIPT



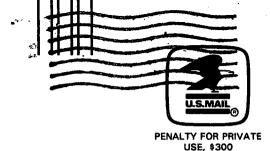
PM

SENDER INSTRUCTIONS 24 MAY Print your name, address and UP Code in the space below.

Complete items 1, 2, 3, and on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.



RETURN

TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

		, , , , , , , , , , , , , , , , , , , ,	
3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	' Space on receipt fee s the follow ce(s) requeste, and add	the reverse will provide ving services sted.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
BUS INDUSTRIES OF A			P378591968 Service:
ORISKANY	NY	13424	ered Insured ed COD ss Mail Return Receipt for Merchandise
		44.	btain signature of addressee
-		45.0.7-1	or agent and DATE DELIVERED.
5. Signature — Addressee X		Ġ.	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature Agent	6		
7./Date of Delivery			
5-24-93	Me		
PS Form 3811. Apr. 1989	+ U.S.G.P.O	. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

- reverse. · Attach to front of article if space permits, otherwise affix to back of
- article. • Endorse article "Return Receipt





PENALTY FOR PRIVATE USE, \$300



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

•		· ·
SENDER: Complete items 1 3 and 4.	and 2 when additional	services are desired, and complete items
Put your address in the CRETURN TO	rn receipt fee will provide ees the following services vice(s) requested. late, and addressee's ad	side Failure to do this will prevent this card you the name of the person delivered to and safe available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	-	4. Article Number
C.R.BARD CATHETER 266 BAY RD GLENS FALLS	& INSTRUMENT NY 12804	Sérvice: tered
5. Signature Addressee		8. Addressee's Address (ONLY if
X Stamuel		requested and fee paid)
6. Signature - Agent		
X	,	
7. Date of Delivery	5/54	
S Form 3811. Apr. 1989	+ U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS AT Print your name, address and ZIP Opde pd RAY

in the space below.

• Complete items 1, 2, 3, and 4 on the /993 reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO Print Sender's name, address, and ZIP Code in the space below.

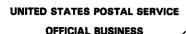
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

ATTN: SUZANNE BECKER

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PW

SENDER: Complete items 1 and 3 and 4.	id 2 whe	en additional :	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt for s the folloce(s) requ te, and ac	ee will provide owing services lested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		47 51	4. Article Number
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- 0			or agent and DATE DELIVERED.
5. Sighature — Addressee X	8		8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery			
PS Form 3811 Apr. 1989	∗U.S.G.	P.O. 1989-238-81	DOMESTIC RETURN RECEIPT



SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete Items 1, 2, 3, and 4 on the

reverse.

Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number. U.S.MAIL.

PENALTY FOR PRIVATE USE, \$300

RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROUM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

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PS Form 3811, Apr. 1989	+ U.S.G.P.O. 19	89-238-815	5 DOMESTIC RETURN RECE
7. Date of Delivery			1 1 1 1111111 11 1
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6. Signature - Agent			7
× 1/2 Bessetto			requested and fee paid)
5. Signature - Addressee			8. Addressee's Address (ONLY if
			or agent and DATE DELIVERED.
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35 MARTIN ST			Service:
CCL CUSTOM MANUFAC	TURING		P278591977
3. Article Addressed to:			4. Article Number
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Put your address in the "RETURN To			side. Failure to do this will prevent this car
SENDER: Complete items 1 : 3 and 4.	and 2 when ad	ditional s	services are desired, and complete item



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278 ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse	side. Failure to do this will prevent this card
from being returned to you. The return receipt fee will provide	you the name of the person delivered to and
the date of delivery. For additional fees the following service	s are available. Consult postmaster for fees
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08 MAY 2 4 1993 31	btain signature of addressee
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PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-819	DOMESTIC RETURN RECEIPT
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OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space parmits, otherwise affix to back of
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

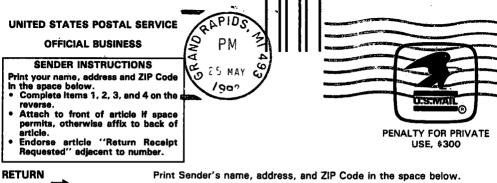
RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

3 and 4. Put your address in the "RETURN TO"	Space on the reverse receipt fee will provide a the following services (s) requested.	services are desired, and complete items iside. Failure to do this will prevent this card you the name of the person delivered to and sare available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra cha		(Extra charge)
3. Article Addressed to:		4. Article Number
CHALLENGE MFG 3079 THREE MILE RD		0978591974 Service:
WALKER	MI 49504	ered Insured ed COD se Meil Return Receipt
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5. Signature - Addressee	- (\$/	8. Address (ONLY if
5. Signature — Addressee	(3)	fequested and fee paid)
6. Signature - Agent	128	
X And T. W. //-	10	VIS 153
7. Date of Delivery		
PS Form 3811, Apr. 1989	+U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



TO TO

Thin Solidor a hame, address, and 217 Code in the space below

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278 ATTN: SUZANNE BECKER

ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ad (Extra charge)	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to: CHAMPION PRODUCTS 200 NORTH MAIN PO BOX 87 14530 PERRY	4. Article Number P2785995 Service: ered
	or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X TBenefit 7. September 1.	
7. Date of Delivery 5-24-93	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-819	5 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE
RDC NY 446 19:19 05 24-93 #2

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

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1993



PENALTY FOR PRIVATE USE, \$300

RETURN TO Print Sender's name, address, and ZIP Code in the space below.

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USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

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3 and 4. Put your address in the "RETURN TO"	"Space on receipt fee es the follow ice(s) reques te, and add	the reverse s will provide ving services sted.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
CHARM GRAPHICS INC PD BOX 211 BUFFALO	NY	14225	P278591976 Service: ered
5. Signature - Addressee			8. Addressee's Address (ONLY if
x ·	6	MY CHA	requested and fee paid)
6. Signeture — Agent Solution 7. Date of Delivery		MAY 1993	
S Form 3811, Apr. 1989	*U.S.G.R	P\$89-238	DOMESTIC RETURN RECEIPT

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SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





RETURN TO

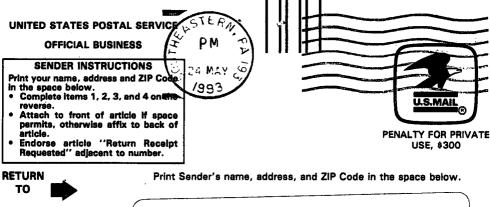


Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

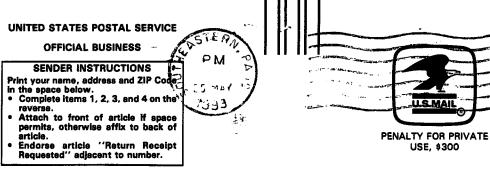
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and check box(es) for additional service	ce(s) requested.	
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CHEMICAL LEAMAN TAN	41/	Service:
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EXTON		
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		s Mail Gor Merchandise
		Arways obtain signature of addressee
·	1	or agent and DATE DELIVERED.
·		
5. Signature - Addressee	A	8. Addressee's Address (ONLY if
X	百一人人的田	requested and fee paid)
	1-18-63	1
6. Signature – Agent	18 2	y
* Mark J. Spring		
7. Date of Delivery	ED.	
alleris		•
PS Form 3811 , Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

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USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759** ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 2 when additional and 4.	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse	side. Failure to do this will prevent this card
from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service:	you the name of the person delivered to and
the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	s are available. Consult postmaster for fees
 Show to whom delivered, date, and addressee's ad 	dress , 2
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
	~P278591977
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MALTERIA FA 17555	D Poture Possint
	ss Mail for Merchandise
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	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if
V -	requested and fee paid)
<u> </u>	,
6. Signature Agent	
* Wiff	
7. Date of Delivery	1
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PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-819	DOMESTIC RETURN RECEIPT
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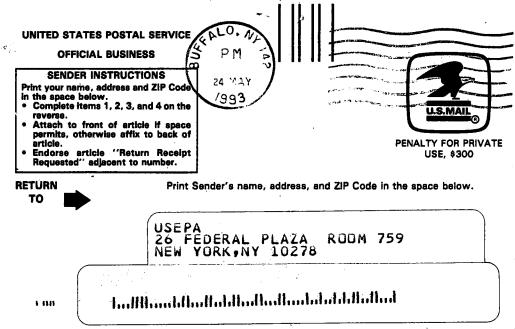
RETURN TO

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Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 3 and 4.	1 2 when auditional	services are desired, and complete items
Put your address in the "RETURN TO"		side. Failure to do this will prevent this card
the date of delivery. For additional fees	the following service	you the name of the person delivered to and es are available. Consult postmaster for fees
and check box(es) for additional service		Iduana 2 F Beatwinted Delivery
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3. Article Addressed to:		4. Article Number
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DUNKIRK	141 110.	NAs Mail Insured
	/	for Merchandise
		or agent DATE DELIVERED.
5. Signature — Addressee		8. Addressee's Address (ONLY if
X		requestion and fee paid)
6 Signature - Agent		40.47
Wat mittle	J.	
7. Date of Delivery	DB	
PS Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-8	5 DOMESTIC RETURN RECEIPT



9 3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	Space on the reverse will prose the following seconds: seconds: cels) requested. e, and addressee	verse si ovide ye ervices	ervices are desired, and complete items de. Failure to do this will prevent this card ou the name of the person delivered to and are available. Consult postmaster for fees ress. 2. Restricted Delivery (Extra charge)
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CHESTER HOIST 7573 STATE RT. 45 LISBON	OH 444	32	Service: tered
			or agent and DATE DELIVERED.
5. Signature – Addressee X — F Bourse			8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent			1
X			L.Po
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PS Form 3811, Apr. 1989	*U.S.G.P.O. 1989-2	238-815	DOMESTIC RETURN RECEIPT

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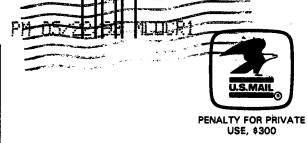
UNITED STATES POSTAL SERVICE

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. 4202? Complete Items 1, 2, 3, and 4 on the

reverse. Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.



RETURN

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Print Sender's name, address, and ZIP Code in the space below.

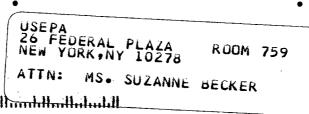


USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

d on the reverse side	 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 	
٠	NIAGARA FALL NY 14301	vice Type stered
A NAILL BETTIEN AF	6 Signature (Agent) Call C Malenverne	ressee's Address (Only if requested fee is paid) OMESTIC RETURN RECEIPT



Print your name, address and ZIP Code here



SENDER: Complete items 1 and 2 when additional	services are desired, and complete items
9 3 and 4. Put your address in the "RETURN TO" Space the reverse from being returned to you. The return receipt for will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's ac (Extra charge)	s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
CHROMIUM CORPORATION 8701 UNION AVENUE CLEVELAND OH 44105	Service: tered Insured ied COD ss Mail Return Receipt for Merchandise or agent and DATE DELIVERED.
5. Sanature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 *U.S.V.P.O. 1959-2300	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
TITY DE SYRACUSE-DPW 1200 CANAL STREET EXT. SYRACUSE NY 13210	Service: ered Insured ed ? COD s Mail Return Receipt for Merchandise train signature of addressee or agent and DATE DELIVERED.
E Cianatura Addresses	
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature Agent X 7. Bate of Delivery	
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10 E 2011 Am. 1000 /	DOMESTIC DETIIDM DECEIDT

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAN SERVICE 32 05/25 54 44 #6

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



RETURN

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ATTN: SUZANNE BECKER

TO

3 and 4.	• •	services are desired, and complete items
from being returned to you. The return	receipt fee will provide	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
and check box(es) for additional services. Show to whom delivered, dat	cė(s) requested.	•
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3. Article Addressed to:		4. Article Number
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	59 34 2482	otain signature of addressee
		or agent and DATE DELIVERED.
5. Signature — Addressee		8. Addressee's Address (ONLY if
X	/ 11	requested and fee paid)
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Kethen L. Laura 10	sull !	
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U	0 20 90	
PS Form 3811 Apr. 1090	+U.S.C.B.O. 1000 220 015	DOMESTIC DETUDAL DECEIRT

PS Form 30 1 1, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code\ in the space below. . Complete items 1, 2, 3, and 4 on the

- reverse. · Attach to front of article if space
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA

26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

ATTN: SUZANNE BECKER

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3 and 4. Put your address in the "RETURN TO from being returned to you. The return	o" Space on the reverse some receipt fee will provide vest the following services ice(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
CLARK GRAVE VAULT 175 E. 5TH AVE COLUMBUS	OH 432••	Service: ed
·		or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature Agent X 7. Date of Delivery	5_19937.	8. Addressee's Address (ONLY if requested and fee paid)
S Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

U.S.MAI

RETURN TO

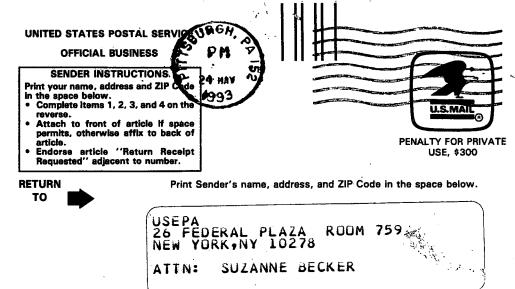


Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

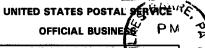
ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 2 who 3 and 4. Put your address in the "RETURN TO" Space of from being returned to you. The return receipt for the date of delivery. For additional fees the folloand check box(es) for additional service(s) required in the service of the service o	on the reverse ee will provide lowing services uested.	you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:		4. Article Number
CODO MFG. AVE. B LEETSDALE PA	15056	Service III Insured ed COD Return Receipt for Merchandise
~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		stain signature of addressee
7.3.7	/	or agent and DATE DELIVERED.
5. Signature — Addressee X	(8	8 'Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X BU Bow		
7. Date of Delivery 5-24-93		
PS Form 3811, Apr. 1989 *U.S.G.	P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 and 2 when additi	onal services are desired, and complete items
Put your address in the "RETURN TO" Space on the refrom being returned to you. The seturn receipt fee will on the date of delivery. For additional fees the following se and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee (Extra charge)	ovide you the name of the person delivered to and ervices are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
COMFORT DESIGN. INC. 263 SCHUYLER AVENUE KINGSTON PA 187	Service: cered Insured ed COD ss Mail Return Receipt for Merchandise
	tain signature of addressee
5. Signature — Addressee XXXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery 93	
PS Form 3811. Apr 1989 +US.G.PO. 1989-2	38-815 DOMESTIC RETURN RECEIPT

x 0.0.0.F.O. 1505-20

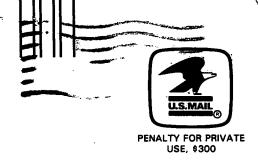


SENDER INSTRUCTIONS 2/ Print your name, address and ZIP Code in the space below.

Complete Items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.



RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278 ATTN: SUZANNE BECKER

SENDER: Complete items 1 a	ind 2 wher	additional s	services are desired, and complete items
Put your address in the "RETURN TO from being returned to you. The returned to the date of delivery. For additional feand check box(es) for additional serong. 1. Show to whom delivered, described to the delivered of the delive	n receipt fee es the follo rice(s) reque ate, and ad	will provide wing services sted.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number P 278591989
COMMANDER MOTBY ATTN: MTEA-GB-EHE BAYONNE	NJ	BLDG 07001	Service:
			or agent and DATE DELIVERED.
5. Signature — Addressee X		,	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Argent)		
7 Date of Delivery	5 100	12	
PS Form 3811, Apr. 1989	U.S.G.P.	989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.







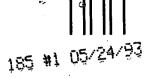
Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional (Extra charge)	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
COMMUNITY MEDICAL CENT 1800 MULBERRY ST SCRANTON PA 18510	Service: tered Insured lied COD ss Mail Return Receipt for Merchandise
E Circumstantial College	or agentand DATE DELIVERED.
5. Signature – Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent	
7. Date of Delivery	2
PS Form 3811, Apr. 1989 * u.s.g.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS Print your name, address and ZIP Code.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

d on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: COMPUTER CONSULES INC 97 HUMBOLDT STREET ROCHESTER NY 1460	space le numbe d the date	
AD		7. Dat	S-24-93
our RETURN	5. Signature (Addressee) Rayce Mutchell 6. Signature (Agent)		dressee's Address (Only if requested a life is paid)
<u> </u>	PS Form 3811 , December 1991 ±0.8. GPO: 1992—323-4	402 C	OMESTIC RETURN RECEIPT

Official Business

Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK: NY 10278

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and a are available. Consult postmaster for fees
3. Article Addressed to: CONSTRUCTION SPECIALTIES RTE 405 MUNCY PA 17756	ss Mail Return Receipt for Merchandise
	btain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X. Date of Delivery 5-24-93	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.







Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4e & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if a does not permit. Write "Return Receipt Requested" on the mailpiece below the article the return Receipt will show to whom the article was delivered and delivered.	space 1. Addressee's Address
3. Article Addressed to: CONTROL CHIEF CORPURATION 14 EGBERT ROAD LEWIS RUN PA 167 PO BOE 141 BRADFORD CO 16701	4a. Article Number P 353 158 190
5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 &U.S. GPO: 1992-323-4	8. Addressee's Address (Only if requested and fee is paid) DOMESTIC RETURN RECEIPT



Print your name, address and ZIP Code here

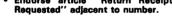
USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 ROOM 759 MS. SUZANNE BECKER

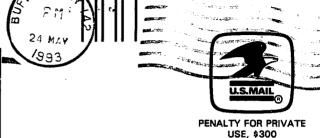
3 and 4.		services are desired, and complete items
from being returned to you. The return rethe date of delivery. For additional sees and check box(es) for additional service 1. Show to whom delivered, date	eceipt fee will provide the following services e(s) requested. , and addressee's add	
(Extra char	ge)	(Extra charge)
3. Article Addressed to:		4. Article Number
CORSON MFG. CO. INC 20-24 MICHIGAN STRE	70.	19978591994
20-24 MICHIGAN STRE		Service:
LOCKPORT	NY 14094	tered ∐ Insured . ied ☐ COD
,	b	ss Mail COD Return Receipt for Merchandise
\		btain signature of addressee
		or agent and DATE DELIVERED.
5. Signature - Addressee		8. Addressee's Address (ONLY if
×		requested and fee paid)
6. Signature Agent		~~~
x C. Tayler		`
7. Date of Delivery	2/23/1	
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

- reverse. · Attach to front of article if space permits, otherwise affix to back of articie.
- Endorse article "Return Receipt





RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA **ROUM 759** 26 FEDERAL PLAZA NEW YORK NY 10278

SUZANNE BECKER ATTN:

SENDER: Complete items 1 and 2 when additional : 3 and 4.	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services:	you the name of the person delivered to and
and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's ad (Extra charge)	` · · · ·
3. Article Addressed to:	4. Article Number
ALPINE PRESS	1278591926
100 ALPINE CIRCLE MA 02672	d 🗆 COD
	s Mail Return Receipt for Merchandise
	stain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signatude — Agent	
x Just Janney	
7. Days of Delivery 5-24-93	· · · · · · · · · · · · · · · · · · ·
PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815	DOMESTIC RETÜRN RECEIPT

CHITES STATES POSTAL SERVICE 17:04 DE 14-9

1...[[]],,,,,1.[],...[],...[...]

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

1 #111

reverse.

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROUM 759 NEW YORK,NY 10278

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	' Space on t receipt fee v s the follow ce(s) reques te, and addr	he reverse s vill provide v ng services ed.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
COTATIVE ODINITING		:	P278591995 Service:
CREATIVE PRINTING 2011 E. MAIN ST ENDWELL	NY .	13760	ered Insured ed COD s Mail Return Receipt for Merchandise
			or agent and DATE DELIVERED.
5. Signature - Addressee			8. Addressee's Address (ONLY if
x			requested and fee paid)
6. Signature — Agent	1		
x Monna Gill	orl		
7. Date of Delivery 24.93			
PS Form 3811, Apr. 1989	± U.S.G.P.O.	1989-238-815	DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- article.
 Endorse article "Return Receipt Requested" adjacent to number.



USE, \$300

TO TO

1 1111

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA RODM 759 NEW YORK•NY 10278

SENDER: Complete items 1 and 3 and 4.	-2 -when a	additional s	ervices are desired, and complete items
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3. Article Addressed to:			4. Article Number
CREST FOAM 100 CAROL ST MOONACHIE	LN	07074	Pa78.591996 Service: ered
5. Signature Addressee	11 11		8. Addressee's Address (ONLY if
X 6. Signature — Agent X 7. Date of Delivery	Def g	ph	requested and fee paid)
PS Form 3811, Apr. 1989	± U.S.G.P.O.	1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ATTN: SUZANNE BECKER



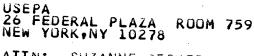
USE, \$300

Put your address in the "RETURN TO"	Space on the reverse-seceipt fee will provide to the following services ets) requested. a, and addressee's addressee's	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3 Article Addressed to:		4. Article Number
CRETER VAULT CORP. RTE 202 SOUTH, BOX	751 NJ 08822	Path 59199 Service: ered
		or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery	3/24/9	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USE. \$300



ATTN: SUZANNE BECKER

• Endorse article "Return Receipt

Requested" adjacent to number.

SENDER: Complete items 1 a 3 and 4.	and 2 when additional	services are desired, and complete items
Put your address in the "RETURN TO	n receipt fee will provide les the following service vice(s) requested. ate, and addressee's ac	e side. Failure to do this will prevent this card a you the name of the person delivered to and es are available. Consult postmaster for fees ddress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
DURIRON CO. INC 4542 HARDPAN ROAD ANGOLA	NY 14006	Service: cered Insured ed COD ss Mail Return Receipt for Merchandise tain signature of addressee or agent and DATE DELIVERED.
5. Signature Addresses X	lof	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery		
PS Form 3811, Apr. 1989	±U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT

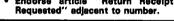
SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

reverse.

· Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt







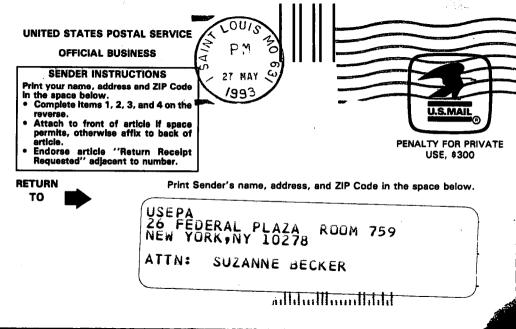
RETURN TO

USEPA

Print Sender's name, address, and ZIP Code in the space below.

26 FEDERAL PLAZA NEW YORK, NY 10278 ROOM 759

	Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT
36	X 6. Signature — Agent X 7. Date of Delivery	requested and fee paid)
	5. Signature - Addressee	8. Addressee's Address (ONLY if
		tain signature of addressee
	DYNAMIC HYDROBLASTING 2625 E. BROADWAY ALTON IL 62002	ervice: ered Insured id COD s Mail Return Receipt for Merchandise
	3. Article Addressed to:	4. Article Number
	SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees



SENDER: Complete items 1 and 3 and 4.	d 2 when add tional s	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional fees	receipt fee will provide to the following services	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
and check box(es) for additional service 1. ☐ Show to whom delivered, dat (Extra cha	e, and addressee's add	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
EM CORP. 16470 EAST 13 MILE ROSEVILLE	ROAD MI 48066	Pa78 59313 4 Service: ered
		or agent and DATE DELIVERED.
5. Signature – Addressee	Vag	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent		
X		
7. Date of Délivery	-93	
PS Form 3811, Apr. 1989	★ U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.







Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse serior being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
EASTERN COLOR & CHEMICAL 35 LIVINGSTON ST PROVIDENCE RI 02940	Pa7859 and Service: Particle Insured
5. Signature – Addressee	8. Addressee's Address (ONLY if
x	requested and fee paid)
6. Signature – Agent	
x m- Internet	
7. Date of Delivery MAY 24 1993	
PS Form 3811, Apr. 1989 *u.s.g.p.o. 1989-238-819	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

- reverse. · Attach to front of article if space permits, otherwise affix to back of
- article.
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759

NEW YORK, NY 10278

• • • •		
SENDER: Complete items 1 and 2 when additional s	ervices are desired, and complete items	
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and		
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Show to whom delivered, date, and addressee's add (Extra charge)	ress. 2. Restricted Delivery (Extra charge)	
3. Article Addressed to:	4. Article Number	
EASTERN CONSOLIDATED AND DIST		
2244 DLD GETTYSBURG RD CAMP HILL PA 170	Service:	
CAMP HILL PA 170	ered Unsured	
	ed COD s Mail Return Receipt	
	stain signature of addressee	
	or agent and DATE DELIVERED.	
E Simple Addresses	8. Addressee's Address (ONLY if	
5. Signature – Addressee	requested and fee paid)	
× Estrese	, equipment yet putting	
6. Signature — Agent		
X		
7. Date of Delivery 5-75-93	,	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT	

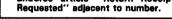
UNITED STATES POSTAL SERVICE

CIPA I DIGICIAN POSINISSO > DCR#3 05/29/1018 PM

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete Items 1, 2, 3, and 4 on the ravarsa.
- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt





RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

ROOM 759 26 FEDERAL PLAZA NEW YORK NY 10278

ATTN: SUZANNE BECKER

L. IIII. ... III. ...

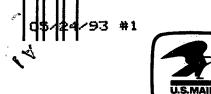
3 and 4. Put your address in the "RETURN TO" from being returned to you. The return r	Space on the reverse seceipt fee will provide the following services (s) requested, and addressee's addressee's addressee's	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
EASTERN ELEC APPARA 160 TOPLEY STREET SPRINGFIELD	TUS MA 01104	Service: ered
	•	tain signature of addressee
		or agent and DATE DELIVERED.
5. Signature – Addressee X		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X		
7. Date of Delivery /	et as yam	\$416.
PS Form 3811, Apr. 1989	+U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

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SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

	3 and 4. Put your address in the "RETURN TO" 5 from being returned to you. The return re	Space on the ceipt fee withe following (s) requests, and addre	ne reverse s rill provide y ng services ed.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
	3. Article Addressed to:			4. Article Number
	EASTERN INDUSTRIES RTE 61 & 90 SHAMOKIN	PA	17889	ervice: ored Insured ored COD s Mail Return Receipt for Merchandise tain signature of addressee or agent and DATE DELIVERED.
	5. Signature Reference 6. Signature – Agent X 7. Date of Delivery)		8. Addressee's Address (ONLY if requested and fee paid) Output Description:
-	PS Form 3811, Apr. 1989	± U.S.G.P.O.	1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- article.
 Endorse article "Return Receipt
- Requested" adjacent to number.





RETURN TO

reverse.

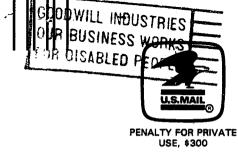
Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

Put your address in the "RETURN TO" from before returned to you. The return r	Space on the reverse space on the reverse space of the will provide space of the following services of the following servi	ide. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
EATON CORP		P278592119 ervice:
240 6TH ST		
MASSILLON	DH 44647	
	ž,	d
		ain signature of addressee
		or agent and DATE DELIVERED.
5. Signature - Addressee	ek	8. Addressee's Address (ONLY if requested and fee paid)
8. Signature - Agent		
X		
7. Date of Delivery		
PS Form 3811. Apr. 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

- -





RETURN TO

article.

permits, otherwise affix to back of

Endorse article "Return Receipt

Requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ATTN: SUZANNE BECKER

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1			
3 and 4. Put your address in the "RETSHAND" from being returned to you. The return	receipt fee is the follow ce(s) reque te, and add	will provide wing services sted.	services are desired, and complete items (36). Fallock of double will prevail this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		-	4. Article Number
EGGERS INDUSTRIES 164 N. LAKE ST NEENAH	WI	54956	Panson Service: tered Insured ied COD ss Mail Return Receipt for Merchandise brain signature of addressee or agent and DEFPELIVERED.
5. Signature – Addressee X // M A Mus	X		8. Address & Address (ONLY if requestion and sea haid)
6. Signature – Agent X			(25
7. Date of Delivery			USP ^C ON
DS Form 3811 Apr 1080	+IIS G P	1989-238-814	DOMESTIC RETURN RECEIPT

P5 FORM 30 I I, Apr. 1989

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300



Print Sender's name, address, and ZIP Code in the space below.

1,

RETURN TO

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

SENDER: Complete items 1 and 3 and 4.	2 when addingonal s	services are desired, and complete items
Put your address in the "RETURN TO"		side. Failure to do this will prevent this card
from being returned to you. The return re	eceipt fee will provide	you the name of the person delivered to and
and check box(es) for additional service	the following services	are available. Consult postmaster for fees
1. Show to whom delivered, date	, and addressee's add	
(Extra char	ge)	(Extra charge)
3. Article Addressed to:		4. Article Number
		0078592121
EICHEL BERGERS		Service:
841 W. TRIDLE RD MECHANICSBURG		ered Insured .
MECHANICSBURG	PA 17055	ed 💂 🖸 COD ื
	•.	s Mail 9 Return Receipt for Merchandise
	<i>j.</i>	tain signature of addressee
		or agent and DATE DELIVERED.
5. Signature – Addressee		8. Addressee's Address (ONLY if
x (10000 (1)11	all	requested and fee paid)
6. Signature — Agent	~\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
x	X	
7. Date of Delivery		
	A	The state of the s
3-22-13 AZ		
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

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UNITED STATES POSTAT'SER

OFFICIAL BUSINESS

SENDER INSTRUCTIONS Print your name, address and ZIP Code In the space below. . Complete items 1, 2, 3, and 4 on the

reverse. Attach to front of article if space permits, otherwise affix to back of

article. • Endorse article "Return Receipt Requested" adjacent to number.





USE. \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

ATTN: SUZANNE BECKER

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	'Space on the reverse s receipt fee will provide s s the following services ce(s) requested. te, and addressee's add	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and sare available. Consult postmaster for fees dress. 2. 2. 3. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
ELCO CORPORATION INDUSTRIAL PARK HUNTINGTON	PA 16632	Service: ered
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent Lighte of Delivery	193	
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.



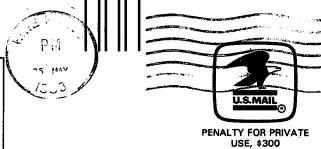
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278 ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will prough the date of delivery. For additional fees the following sent and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee (Extra charge)	erse side. Failure to do this will prevent this card wide you the name of the person delivered to and vices are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
ELECTRIC MATERIALS CO_	P278592123
50 S.WASHINGTON STREET NORTH EAST PA 164	ed COD
	s Mail For Merchandise
	tain signature of addressee
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X	
7. Date of Delivery 2 4 1033	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-2	38-815 DOMESTIC RETURN RECEIP

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to:back of article.
- Endorse article "Return®Rècelpt Requested" adjacent to number.



RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

Hallighadia (Malaa)

ATTN: SUZANNE BECKER

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3 and 4. Put your address in the RETURN TO" Space of the date of delivery. For additional fees the folloand check box(es) for additional service(s) required. Show to whom delivered, date, and a	in the reverse se will provide owing services lested.	you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra charge) 3. Article Addressed to:		(Extra charge)
	CO	DVJIEEVVAC
THE ELECTRIC MATERIALS 50 S.WASHINGTON ST NORTHEAST PA	16428	Service Insured ered COD s Mail Return Receipt for Merchandise
· · · · · · · · · · · · · · · · · · ·		or agent and DATE DELIVERED.
5. Signature — Addressee		Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X / M/A House		. "
7. Date of Delivery HAY 2 4 1999	•	
PS Form 3811, Apr. 1989 *us.g.	P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS Print your name, address and ZIP Code In the space below. . Complete items 1, 2, 3, and 4 on the

· Attach to front of article if space permits, otherwise affix to back of • Endorse article: "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300 Print Sender's name, address, and ZIP Code in the space below.

RETURN TO

PAVATRA.

article.

USEPA

26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759** ATTN: SUZANNE BECKER

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	Space on the reverse receipt fee will provide a the following services e(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and sare available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to: ENVIRONMENTAL DEPOT	(PS)	4. Article Number P278.592126 Service:
BURLINGTON	VT 05401	tered Insured ied COD ss Mail Return Receipt for Merchandise or agent and DATE DELIVERED.
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X Penny M 7. Date of Delivery	# 1-93	
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

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N. S. D. Control

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

. Complete items 1, 2, 3, and 4 on the reverse. Attach to front of article if space

permits, otherwise affix to back of article.

Endorse article "Return Receipt

Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

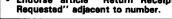
	2 when additional s	services are desired, and complete items
from being returned to you. The return re	eceipt fee will provide the following services e(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4-4
ENVIRONMENTAL WASTE RD4 BOX 4126 MOHNTON	MGMT : PA 19540	P 278592127 Service: erēd □ Insured ed □ COD s Mail □ Return Receipt for Merchandise
		Arways obtain signature of addressee
		or agent and DATE DELIVERED.
5 Signatule - Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent		
x		
7. Date of Delivery 5-24		4 7
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

p.,

SENDER INSTRUCTIONS

Print your name, address and ZIP Code In the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt







RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK NY 10278 **ROOM 759**

3 and 4. Put your address in the "RETUN TO from being returned to you. The turn the date of delivery. For addition fer and check box(es) for additional ery	O'' Space on the revesting receipt fee will produce vice vice vice vice vice vice ate, and addresses ad	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
EPICURE PRODUCTS. 25 HALE ST NEWBURYPORT: 5	MA 01950	Service: tered
o. gridiure - Addressee		requested and fee paid)
6. Signature — Agent X		
7. Date of Delivery		
PS Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ad (Extra charge)	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to: ERIE COUNTY WATER AUTH. STURGEON POINT ROAD	4. Article Number P278599199 Service:
DER BY NY 14047	ered Insured ed COD ss Mail Return Receipt for Merchandise
	btain signature of addressee
	or agent and DATE DELIVERED.
5. Signature - Addressee X 6. Signature - Addressee X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)
5-22-93	
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete items 1, 2, 3, and 4 on the TAVATSA.
- Attach to front of article if space permits, otherwise affix to back of article.
- · Endorse article "Return Receipt Requested" adjacent to number.



Print Sender's name, address, and ZIP Code in the space below.

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PENALTY FOR PRIVATE

USE, \$300

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
ERIE INSURANCE GROUP 100 ERIE INSURANCE PLACE ERIE PA 16530	Pans 59 and order seed Insured and CoD Return Receipt for Merchandise stain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery Agent 1. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

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USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

SENDER: Complete items 1 ar 3 and 4.	nd 2 wher	additional	services are desired, and complete items
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(Extra ch			(Extra charge)
3. Article Addressed to:			4. Article Number
ERIE PLASTICS 1 PLASTICS RD CORRY	PA	16407	Service: ered
			otein signature of addressee
			or agent and DATE DELIVERED.
5. Signature – Addressee X Mayer — Agent 6. Signature – Agent X	the		8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery			
5/24/93			
PS Form 3811, Apr. 1989	+ U.S.G.P.	O, 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space. permits, otherwise affix to back of article.

 Endorse article "Return Receipt. Requested" adjacent to number.

PM 24 MAY 1993



PENALTY FOR PRIVATE USE. \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

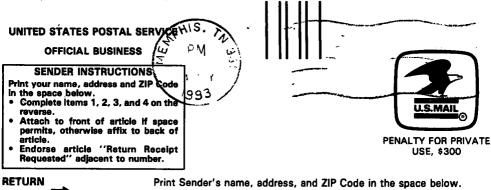


USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

ATTN: SUZANNE BECKER

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SENDER: Complete items 1 a	and 2 whe	n additional	services are desired, and complete items
Put your address in the "RETURN To from being returned to you. The return	rn receipt fe ees the follo vice(s) requ late, and ac	e will provide owing services ested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4 A cicle Number
ETI TANK CLEANING 1500 ORENDA MEMPHIS	SERV TN	38107	Service: ered
6. Signature — Addressee X 7. Date of Delivery			8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	∗ U.S.G.P	O. 1989-238-815	DOMESTIC RETURN RECEIPT



TO TO

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

ATTN: SUZANNE BECKER

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SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
EUREKA SECURITY PRINTING 101 CHURCH ST. PA 18434	Pa78593133 Service: ered
	tain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signatur Agent	
7. Date of Delivery 93	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS SCRANTON PA

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

- ravarsa. · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt





PENALTY FOR PRIVATE USE. \$300

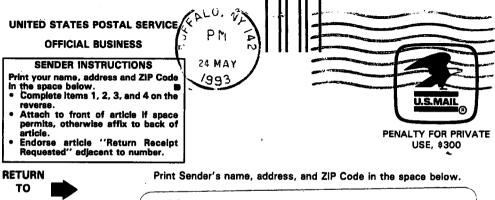
RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

SENDER: Complete items 1 at 3 and 4.	nd 2 with	en additional s	services are desired, and complete items
Put your address in the "RETURN TO	" Space	on the reverse :	side. Failure to do this will prevent this card
from being returned to you. The return	receipt	fee will provide	you the name of the person delivered to and s are available. Consult postmaster for fees
the date of delivery. For additional fee	es the fo	llowing services	s are available. Consult postmaster for fees
and check box(es) for additional serv	ice(s) req	uested.	_
 Show to whom delivered, de 		addressee's add	dress. 2. 🗆 Restricted Delivery
(Extra ch	arge)		(Extra charge)
3. Article Addressed to:			4. Article Number
			30279 50225
FANCHER FURNITURE LOO ROCHESTER ST SALAMANCA			\$P978599135
LOO ROCHESTER ST			Service:
SALAMANCA	A 1 N	1 . T	tered Insured
- ALIMIUM	NY	14733	ied COD
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		prima w	sa Mail I Return Receipt
			etain signature of addressee
		The section of the se	Tor agont and DATE DELIVERED.
5. Signature - Addressee			8. Addressee's Address (ONLY if
•			requested and fee paid)
X		CON N >	X
6. Signature Agent		111	
x Table IC &	2	COA.	
7. Date of Delivery		<u> </u>	11.2.1
7. Date of Delivery	13	roor) e
·	100	_ NSV _	
S Form 3811, Apr. 1989	± U.S.0	20. (989-886-815	DOMESTIC RETURN RECEIPT
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USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

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Art. advance.		
3 and 4. Put your address in the "RETURN TO"	' Space on the reverse s	services are desired, and complete items side. Failure to do this will prevent this card
the date of delivery. For additional feet and check box(es) for additional service 1. Show to whom delivered, dat	s the following services ce(s) requested.	you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra cha		(Extra charge)
3. Article Addressed to:		4. Article Number
FERRO CORPORATION (VESUVIUS)	P278.592136 Service:
BUFFALO	NY 14218	tered Insured
s > ()	24	ss Mail Return Receipt for Merchandise
		btain signature of addressee
		or agent and DATE DELIVERED.
5. Signature – Addressee X	<i></i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent		
X		
7. Date of Delivery 5724	93	
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



1...1111.....1.11...11...1...1...1

RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278 ATTN: SUZANNE BECKER

1 4191

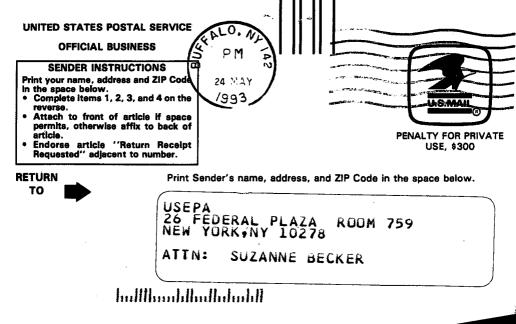
SENDER: Complete items 1 a 3 and 4.	and 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO	O" Space on the reverse :	side. Failure to do this will prevent this card
from being returned to you. Theiretur	rn receipt fee will provide	you the name of the person delivered to and are available. Consult postmaster for fees
and check box(es) for additional ser	vice(s) requested.	are available. Consuit postmaster for fees
1. Show to whom delivered, d	late, and addressee's add	
(Extra c	charge)	(Extra charge)
3. Article Addressed to:		4. Article Number
FISHER INDUSTRIAL	SVCE INC	P278592138
RT. 9, BOX 3984	25003	Service:
GADSDEN	AL 35903	ered 🛄 Insured
1		ed COD
1		s Mail Return Receipt for Merchandise
		otain signature of addressee
		or agent and DATE DELIVERED.
5. Signature - Addressee	0	8 Addressee's Address (ONLY if
x Suda Ser	حسوالر	requested and fee paid)
6. Signature - Agent		
x		
7. Date of Delivery		
5-24-93		
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



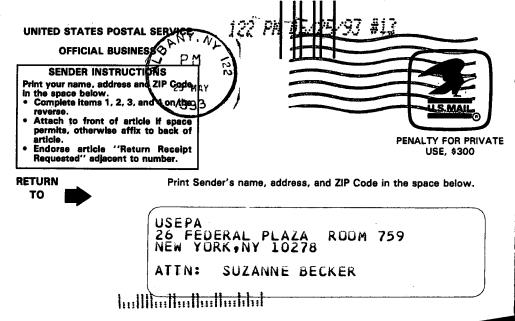
RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	Space of receipt for sthe followers, require, and a	on the reverse see will provide owing services uested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
FISHER PRICE TOYS 711 PARK AVENUE MEDINA	NY	1 £1 803	P278592139 Service: ered
			or agent and DATE INFLIVERED.
5. Signature — Addressee X			8. Addressee's Address (A.Y if regressed and fee paid)
PS Form 3811, Apr. 1989	+ U.S.G.	P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 and 3 and 4.	d 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO"	receipt fee will provide s s the following services se(s) requested. e, and addressee's add	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
FLACH INDUSTRIES RTE 9W PO BOX 246	NY - 12077	P278593140
GLENMONT	NT 5, 12077	ered Insured D COD Return Receipt for Merchandise
		tain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee	ace for	Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	MA 25	2077
7. Date of Delivery 5 - 25 -	9.3	B3 //
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 and 2 when additional stand 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	La Arricle Number
FLINT INK 3520 E. FEDERAL STREET BALTIMORE MD 21213	Bervice: ered Insured ered COD s Mail Return Receipt for Merchandise or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if
x	requested and fee paid)
6. Signature - Agent 7. Date of Delivery 3. 49.3	•
PS Form 3811, Apr. 1989 / *U.S. 6.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- article.
 Endorse article "Return Receipt
- Endorse article "Return Receip Requested" adjacent to number.





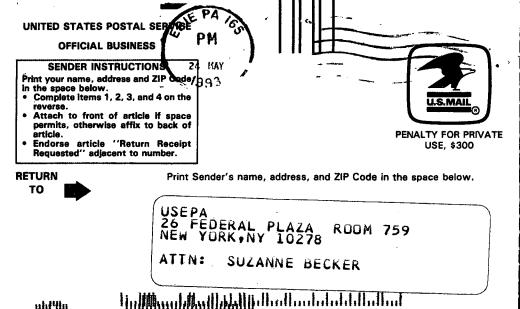
USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

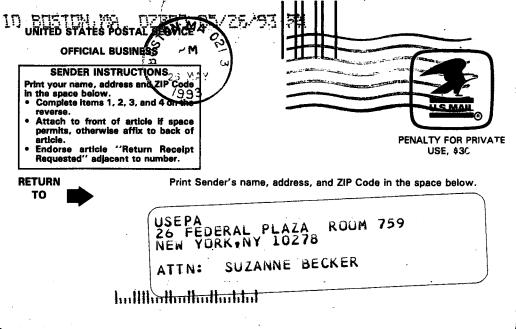
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

	.4			
SENDER: Complete items 1 and 2 when inditional services are desired, and complete items 3 and 4.				
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card				
from being returned to you. The return receipt fee will provide yethe date of delivery. For additional fees the following services	ou the name of the person delivered to and are available. Consult postmaster for fees			
and check box(es) for additional service(s) requested.				
7 1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)				
3 Article Addressed to:	4. Article Number			
FOAMEX PRODUCTS THE	P278549149			
FOAMEX PRODUCTS, INC.	ervice:			
CORRY	red Insured			
[^ # 104U/	d COD			
	s Mail Return Receipt for Marchandise			
	tain signature of addressee			
	and DATE DELIVERED.			
5 Signature Appressee	8. Addressee's Address (ONLY if			
X T T L	requested and fee paid)			
6. Signature - Agent				
l k				
7. Date of Delivery				
/ 3 4 C				
J-2119				
PS Form 3811, Apr. 1989 *U.S.G.EO. 1989-238-815	DOMESTIC RETURN RECEIPT			



SENDER: Complete items 1 and 2 when accitional s	ervices are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and control of the feet of the fee	you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
FOSECO.ING.	P278592144
20200 SHELDON RD CLEVELAND OH 44142	tered Insured ied COD ss Mail Return Receipt for Merchandise
	obtain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if
X	requested and fee paid)
6. Signature – Agent	٠,
X	
7. Date of Delivery	
S Form 3811. Apr. 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

PS Form 3811, Apr. 1989 **★ U.S.G.P.O. 1989-238-815**



SENDER: Complete items 1 and	d 2 when additional s	services, are desired, and complete items
from being returned to you. The return i	receipt fee will provide the following services e(s) requested. e, and addressee's add	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
FORMS, INC PENN TURNPIKE WILLOW GROVE	PA 19090	P278.59.2143 ervice: ered
5. Signature — Addresses X	4 1925	8. Addressee's Address (ONLY if requested artification) 1 1993
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE LYNIA PM OFFICIAL BUSINESS 724 V 3Y

SENDER INSTRUCTIONS

Print your name, address and ZIP Code /993 in the space below. Complete items 1, 2, 3, and 4 on the

· Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.

Begin an Adventure of Gant Proportions Collect Stamps!

> PENALTY FOR PRIVATE USE. \$300

U.S.MAIL

RETURN TO

reverse.

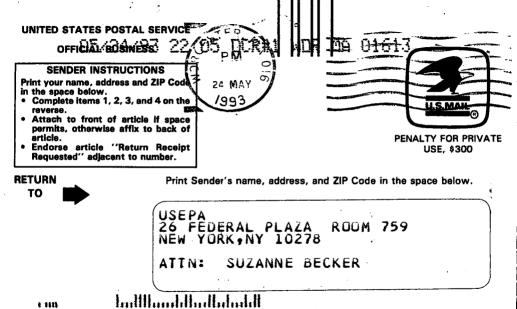
Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)			
3. Article Addressed to:		4. Article Number	
FRAMINGHAM WELDING 120 LELAND ST FRAMINGHAM	MA 01701	ervice: red Insured d COD s Mail Return Receipt for Merchandise tain signature of addressee or agent and DATE DELIVERED.	
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Date of Delivery MAY	2.4"		
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT	

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		or agent and DATE DELIVERED.
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6. Signature - Agen:)	24 1993
x U		-0
7. Date of Delivery		
PS Form 3811, Apr. 1989	+U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name address and ZIP Code in the space below.

• Complete Items 1, 2, 3, and 4 on the

 reverse.
 Attach to front of article if space permits, otherwise affix to back of article.

e Endorse article "Return Receipt Requested" adjacent to number.



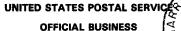
PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

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	SENDER: Complete items 1 and 3 and 4.	d 2 when additional s	services are desired, and complete items
	Put your address in the "RETURN TO" from being returned to you. The return	Space on the reverse s	side. Failure to do this will prevent this card
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-	WAYNESBORO	PA 17268	ered Insured
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	PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

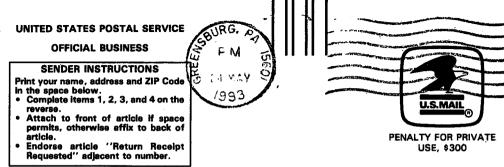
RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK:NY 10278

ATTN: SUZANNE BECKER

[...]]]].....[.]]...]

SENDER: Complete items 1 a 3 and 4.	nd, 2 whe	n additional	services are desired, and complete items
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and check box(es) for additional serv			dates 0 M Destricted Delices
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Town Car	<u> </u>		
6. Signature — Agent			
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PS Form 3811, Apr. 1989	+U.S.G.F	.O. 1989-238-815	DOMESTIC RETURN RECEIPT



RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

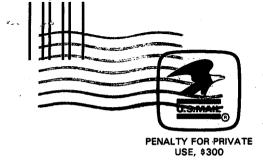
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FUJITECH 72 SHARP ST HINGHAM	MA 02043	Service: tered
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery	Levis	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	+ U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT



SENDER INSTRUCTIONS 24 MAY
Print your name, address and MP Code
In the space below.

Complete Items 1, 2, 3, and 4 on the reverse.
Attach to front of article if space

- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



TO TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278 ATTN: SUZANNE BECKER

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Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional feer and check box(es) for additional service. 1. □ Show to whom delivered, dat (Extra character)	' Space on the reverse si receipt fee will provide vis the following services ce(s) requested. te, and addressee's additional services additional services and services are services.	(Extra charge)
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FULLER CO. 236 CHERRY ST.		P278592150
MANHEIN ST.	PA 17545	ere de la linsured de COD Return Receipt for Merchandise
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6. Signature — Agent X) () () () () () () () () () (:
7. Date of Delivery 5. 2 (1-9-3)		
PS Form 3811, Apr. 1989	★ U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

reverse. · Attach to front of article if space

permits, otherwise affix to back of article.

· Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA

26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

SENDER: Complete items 1 and 3 and 4.	2 ක්ර්යා ද ේම itional :	services are desired, and complete items
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3. Article Addressed to:		4. Article Number
G.W. LISK CO., INC. 2 SOUTH STREET		Service:
2 SOUTH STREET CLIFTON SPRINGS	NY 14432	ered Insured
	NY 14432	ed COD Se Mail Return Receipt for Merchandise
		tain signature of addressee
• • • • • • • • • • • • • • • • • • • •		or agent and DATE DELIVERED.
5. Signature – Addressee X D Lisk (M)	·	Addressee's Address (ONLY if requested and fee paid)
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х .		
7. Date of Delivery 5-24	-13	
PS Form 3811, Apr. 1989	* U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS NY 146 20:21 103124/93 #4

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- . Attach to front of article if space permits, otherwise affix to back of articia.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

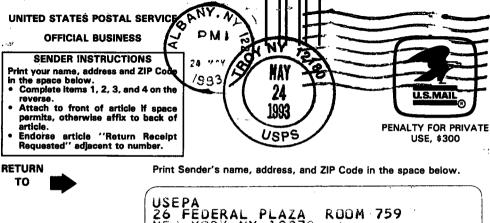
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Print Sender's name, address, and ZIP Code in the space below.

TO

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

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3. Article Addressed to:		4. Article Number
GARĎENWAY MFG 29 102ND ST TROY	NY 12180	P378593153 ervice: ered
5. Signature - Addressee		8. Addressee's Address (ONLY if
X		requested and fee paid)
6. Signature Agent		
× Chil au	yes	
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PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278 ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 3 and 4.	d 2 when	additional s	services are desired, and complete items
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GEM CHEM, INC. 140 KLEINE LANE			P278592154
LITITZ	PA	17543	ered 🔲 Insured
			ed L COD s Mail Return Receipt for Merchandise
			otain signature of addressee
1.0	1 /		or agent and DATE DELIVERED.
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6. Signature - Agent			
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7. Date of Delivery			
PS Form/3811, Apr. 1989	+U.S.G.P.	O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

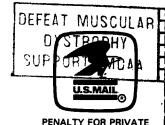
Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

· Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt

Requested" adjacent to number.





USE. \$300

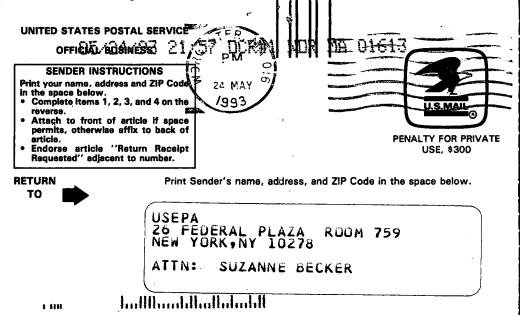
RETURN TO

reverse.

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **RUOM 759**

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SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)				
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		or agent and DATE DELIVERED.		
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PS Form 3811, Apr. 1989 *u.s.g.P.C). 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

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SENDER: Complete items 1 and 2 v 3 and 4. Put your address in the "RETURN TO" Spac from being returned to you. The return receip the date of delivery. For additional fees the	e on the reverse s	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
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GENESEE HOSPITAL 224 ALEXANDER STREET ROCHESTER NY	14607	ervice: red Insured d COD s Mail Return Receipt for Merchandise
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7. Date of Delivery		
PS Form 3811, Apr. 1989 *U.S	.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	Space on receipt fee state follows: e(s) requese, and additions:	the reverse s will provide ing services ted.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
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GENTEX CORPORATION	•		P278592158
MAIN ST., RT. 171	E> 4	164.03	Service:
SIMPSON	PA	18407	ered Insured DCOD S Mail Return Receipt for Merchandise
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			or agent and DATE DELIVERED.
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X			reduencia inna lee ham)
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PS Form 3811, Apr. 1989	★ U.S.G.P.O	. 1989-238-815	DOMESTIC RETURN RECEIPT

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- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





RETURN

Print Sender's name, address, and ZIP Code in the space below.

La La Halland



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

Put your address in the "RETURN TO from being returned to you. The return	"Space on the reverse an receipt fee will provide es the following services ice(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
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PS Form 3811, Apr 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



Print Sender's name, address, and ZIP Code in the space below.

U.S.MAI

PENALTY FOR PRIVATE

USE, \$300

Fillit Salidat & Haine, address, and Zir Code in the space below.

USEPA 26 FEDERAL PLAZA ROUM 759 NEW YORK•NY 10278

ATTN: SUZANNE BECKER

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SENDER: Complete items 1 and 2 when additional a 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
GICHNER MOBILE SYSTEMS	P278592160
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OLD FORGE PA 18518	ered 🛴 🔲 Insured
n O	yed ☐ COD s Mail ☐ Return Receipt for Merchandise
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	or agent and DATE DELIVERED.
5. Signature Addressee	8. Addressee's Address (ONLY if requested and fee paid)
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x Manaish	
7. Date of Delivery	
3 4 M. J.	Ambilia Hillian Hillial .
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT

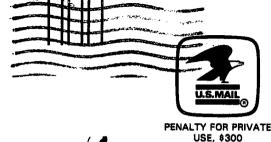
UNITED STATES POSTAL SERVICE

SENDER IN TRUCTIONS
Print your name, address and ZIP Code
in the space below.

Gomplete Items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.



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Print Sender's name, address, and ZIP Code in the space below.

TO TO

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

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SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	side. Failure to do this will prevent this card
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GLODINGS & LEWIS	4. Article Number P378593161
SOLOH 44139	ervice: red
	or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X Mel Koetich	<i>,</i>
7. Date of Delivery 5-26-93 M2	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEI

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

• Attach to front of article if space

permits, otherwise affix to back of article.

• Endorse article "Return Receipt

• Endorse article "Return Receipt Requested" adjacent to number.





RETURN



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278 ATTN: SUZANNE BECKER

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9 3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	Space on the reverse secept fee will provide so the following services e(s) requested. a, and addressee's addressee's	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
GILBERT & BENNETT N. MAIN ST. GEORGETOWN	CT 06229	ervice: ared
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X — Keel 7. Date of Delivery	62	
S Form 3811, Apr. 1989	7.5 *U.S.G.P.O. 1989-238-818	DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

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U.S.MAI

PENALTY FOR PRIVATE USE, \$300

SENDER INSTRUCTIONS Print your name, address and ZIP Code

in the space below. · Complete Items 1, 2, 3, and 4 on the raverse. Attach to front of article if space

permits, otherwise affix to back of article. · Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

1...1111....1.11...1...1.11

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

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from being returned to you. The return receipt fee will provide you the name of the person delivered to the date of delivery. For additional fees the following services are available. Consult postmaster for	and
and check box(es) for additional service(s) requested.	iees
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3. Article Addressed to: 14 Article Number	
GILBERT/COMMONWEALTH, INC. 027859216	.7
	37
PO BOX 618 PA 15129 9 Service:	
LIBRARY PA 15129 9 Sered Insured	
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or agent and DATE DELIVERED.	
5. Signature - Addressee / Addressee's Address (ONLY if	
X learned the Court is requested wild fee paid)	
8- Signature - Agent	
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7. Date of Delivery	
7. Date of Delivery	

PS Form 3811, Apr. 1989

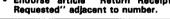
★U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

- reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- · Endorse article "Return Receipt





USE. \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

3 and 4.	*	services are desired, and complete items
Put your address in the "RETURN TO"	Space on the verse	side. Failure to do this will prevent this card
the date of delivery For additional fees	the following survices	you the name of the person delivered to and sare available. Consult postmaster for fees
and check box(es) for additional service	e(s) requested.	s are available. Consuit postillaster for lees
1. Show to whom delivered, date	, and addressee's ad	
(Extra char	ge)	(Extra charge)
3. Article Addressed to:		4. Article Number
GLEDHILL RD MACHINE	CO.	P278592164
765 PORTLAND WAY SO	DUTH	ervice:
GALION	OH 44833	ered Insured
		d COD
		s Mail Return Receipt
1		for Merchandise
		tain signature of addressee المراجعة
		or agent and DATE DELIVERED.
5. Signature - Addressee		8. Address (ONLY if
x	CALIGA	requested and fee paid)
6. Signature - Agent	13	ζ.
* Sherre L. Kell	1000	· ·
7. Date of Delivery		i
PS Form 3811, Apr. 1989	± 0.5-C BO 4989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

- reverse · Attach to front of article if space permits, otherwise affix to back of
- article. • Endorse article "Return Receipt
- Requested" adjacent to number.





Print Sender's name, address, and ZIP Code in the space below.

RETURN TO

> 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278 USEPA

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	Space on the reverse receipt fee will provide s the following service se(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
THE GLOBE NEWSPAPEI 135 MORRISSEY BLVD BOSTON	R CO MA 02107	Po7155008\$
		or agent and DATE DELIVERED.
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	ACR	
7. Date of Delivery	24-93	
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECE

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

 Attach to front of article if space permits, otherwise affix to back of

article.
• Endorse article "Return Receipt

 Endorse article "Return Receipt Requested" adjacent to number.







Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional fees and check box(es) for additional service.	Space on receipt fee the follows:e(s) reque	the reverse will provide wing services sted.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
1. ☐ Show to whom delivered, dat (Extra cha		ressee's ad	dress. 2. Restricted Delivery (Extra charge)
GOLD MEDAL LADDER			4_Article Number P278592165
NEWARK VALLEY	NY	13811	Service: tered Insured ed COD ss Mail Return Receipt for Merchandise
			or agent and DATE DELIVERED. 5-249
5. Signature – Addressee	ce		Addressee's Address (ONLY if requested and fee paid)
6. Signature 4 Appent			
7. Date of Delivery		ŵ.	ώ.
PS Form 3811, Apr. 1989	+ U.S.G.P.0	D. 1989-238-81	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

- reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





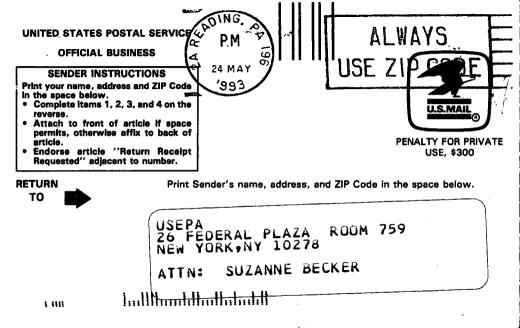
RETURN TO

ւա

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

SENDER: Complete items 1 and 2 when 3 and 4. Put your address in the "RETURN TO" Space on from being returned to you. The return receipt fee the date of delivery. For additional fees the follow and check box(es) for additional service(s) reque 1. Show to whom delivered, date, and add (Extra charge)	the reverse s will provide wing services sted.	side. Failure to do this will prevent this card you the name of the person delivered to and a are available. Consult postmaster for fees
3. Article Addressed to:		4. Article Number
GOOD SAMARITAN HOSPITAL	7,	P278592166
700 NORWEGIAN STREET	**	Service:
POTTSVILLE	17901	ered Insured
1	11701	ed COD
		s Mail
	· ,	stain signature of addressee
		or agent and DATE DELIVERED.
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent		
× (Illed of hurbon	,-	
7. Pate of Delivery 5/24/53	2	
PS Form 3811, Apr. 1989 *U.S.G.P.C). 1989 -238 -815	DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 and 2 when additional 3 and 4.	· ·
Put your address in the "RETURN TO" Space on the reverse	side. Failure to do this will prevent this card
from being returned to you. The return receipt fee will provide	you the name of the person delivered to and
the date of delivery. For additional fees the following service	es are available. Consult postmaster for fees
and check box(es) for additional service(s) requested.	
1. Show to whom delivered, date, and addressee's ac	
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
COMPO NO DOL	8 P278592168
GOURO NELSON 2155 WADHAMS RD ST CLAIR MI 4803	vice:
/ 6172 WADHAMS RD	J d □ Insured
SICLAIR MI 4807	
7007	
	Mail
	in signature of addressee
	/. ST %
	or agent and DATE DELIVERED.
5. Signature - Addressee	8. Add essee's Address (ONLY if
<u>v</u>	requested and fee paid)
 ^₹	, and the party
6 Signature - Agent]
X Sunda Cumminas	_
7. Dath of Delivery	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT
ro rum ou i i, Api. 1707 *U.S.G.R.O. 1989-238-81	DOWNED IN RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.





USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278 ATTN: SUZANNE BECKER

ı ııd

1....1111....11....11....11....1.1....

SENDER: Complete items 1 and 2 when additional 3 and 4.	·
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide	you the name of the person delivered to and
the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	s are available. Consult postmaster for fees
1. ☐ Show to whom delivered, date, and addressee's ad (Extra charge)	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
GRAND HAVEN FURNITURE 715 ROBBINS RD GRAND HAVEN MI 49417	Service: ered
	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X Swat O, Noven	·
7. Date of Delivery 5/24/93a2	
PS Form 3811, Apr. 1989 / Lus.G.P.O. 1989-238-818	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.



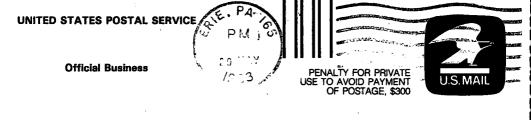


RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

on the reverse side	• Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back it does not permit. • Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered.	f space cle number.	following s fee): 1. A 2. R	wish to rec services (for ddressee's / estricted De estmaster for	an extra go Address of livery
ted	3. Article Addressed to:	4a. Arti	cle Number	3 158	
A	GTE PRODUCTS CORP. 825 LEXINGTON AVENUE WARREN PA 163	365	ce Type ared [ad [s Mail [Insured COD Return Re	eceipt for
URN	5. Signature (Addressee)		essee's Add fee is paid)	dress (Only it	f requested
ur RET	6. Signature (Agent)				
s yo	PS Form 3811, December 1991 #U.S. GPO: 1992-323	-402 D(OMESTIC	RETURN	RECEIPT



Print your name, address and ZIP Code here

ROOM 759



USEPA 26 FEDERAL PLAZA NEW YORK,NY 10278 MS. SUZANNE BECKER

SENDER: Complete items 1 and 2 when additional s 3 and 4.				
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees				
the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	are available. Consult postmaster for fees			
1. ☐ Show to whom delivered, date, and addressee's add (Extra charge)	dress. 2. Restricted Delivery (Extra charge)			
3. Article Addressed to:	4. Article Number			
GTE SYLVANIA	P278592170			
GTE SYLVANIA 835 WASHINGTON ROAD	ervice:			
ST MARYS PA 15875	ered Unsured			
	ed LCOD Return Receipt			
	s Mail			
	tain signature of addressee			
	or agent and DATE DELIVERED.			
5. Signature – Addresseg	8. Addressee's Address (ONLY if			
x John allayl	requested and fee paid)			
Signature - Agent	(
X				
7. Date of Delivery 5- 24- 93				
- 0044 · · · · · · · · · · · · · · · · ·	DOLLEGIO DESCRIPTI			

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete Items 1, 2, 3, and 4 on the

reverse.

 Attach to front of article if space permits, otherwise affix to back of

article.

• Endorse article "Return Receipt Requested" adjacent to number.



USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

Put your address in the "RETURN from being returned to you. The rethe date of delivery. For additional and check box(es) for additional s 1. Show to whom delivered,	TO" Space on the reversiturn receipt fee will provid I fees the following servicervice(s) requested.	services are desired, and complete items e side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees ddress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number 0278.592171
H.B. IVES 50 IVES PLACE NEW HAVEN	CT 06511	Service: tered Insured ied CÖD ss Mail Return Receipt for Merchandise
		btain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent		
7. Date of Delivery	24 MAY 199	3
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-8	15 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete Items 1, 2, 3, and 4 on the

- reverse. · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE. \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

ATTN: SUZANNE BECKER

1...1111......1.1..1.11..1.1....11

9 and 4. Put your address in the "RETURN TO" S from being returned to you. The return re	Space on the reverse s ceipt fee will provide to the following services (s) requested. and addressee's add	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
HANDY & HARMAN TUBE WHITEHALL & TOWNSHI NORRISTOWN	CO P RDAD PA 19403	Pans 59 and pervice: Insured
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery		8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	★ U.S.G.P.O. 1989-238-81 5	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

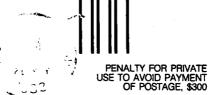
Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

The reverse side	Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so tha return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered. HARRIS CORP/RF COMMUNICATION OF COLLVER ROAD RUCHESTER NY 146	if space 1. Addressee's Address ticle number and the date Consult postmaster for fee. As Article Number	r using Return Receipt Service.
፩		7. Date of Delivery	ţ
AD		5-20-93	5
URN I	5. Signature (Addressee)	Addressee's Address (Only if requested and fee is paid)	ank
RET	6. Signature (Agent)	-	f
Ž	July Janes		
S V	PS Form 3811, December 1991 *U.S. GPO: 1982-323	DOMESTIC RETURN RECEIPT	



Official Business





Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA NEW YORK,NY 10278

ROOM 759

ATTN: MS. SUZANNE BECKER

1 ###

SENDER: Complete items 1 and 2 when addition	nal services are desired, and complete items
3 and 4. Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will protect the date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee' (Extra charge)	vide you the name of the person delivered to and vices are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
HASKELL OF PITTSBURGH 231 HASKELL LANE	P278592173
231 HASKELL LANE	Service:
VERONA PA 151	
	ed COD Return Receipt for Merchandise
	No.
	stain signature of addressee
	or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if
x	requested and fee paid)
6. Signature - Agent	**
X April Amile	
7. Date of Delivery 5 24/93	
PS Form 3811, Apr. 1989 ¥U.S.G.P.O. 1989-23	B-815 DOMESTIC RETURN RECEIPT

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

11111 11111

Print Sender's name, address, and ZIP Code in the space below.

USEPA ZÓ FEDERAL PLÄZA ROOM 759 NEW YORK•NY 10278

ATTN: SUZANNE BECKER

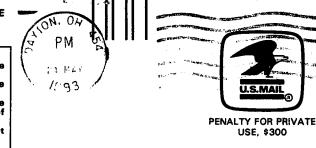
SENDER: Complete items 1 and 2 w	hen additional s	services are desired, and complete items
Put your address in the "RETURN TO" Space from being returned to you. The return receipt the date of delivery. For additional fees the frand check box(es) for additional service(s) re 1. Show to whom delivered, date, and (Extra charge)	fee will provide of the services quested.	you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:		4. Article Number
HAYDEN ENVIRONMENTAL 6015 MANNING RD MIAMISBURG OH	45342	P378593174 Service: pred ☐ Insured
		s Mail COD S Mail Return Receipt For Merchandise
		or agent and DATE DELIVERED.
5. Signature — Addressee X	•.	8. Addressee's Address (ONLY if requested and fee paid)
10 Farm 2011 Ann 1000	C D A 1000 220 915	DOMESTIC BETLION BECEIPT

PS Form 3811, Apr. 1989

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





reverse.

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROUM 759 NEW YORK NY 10278

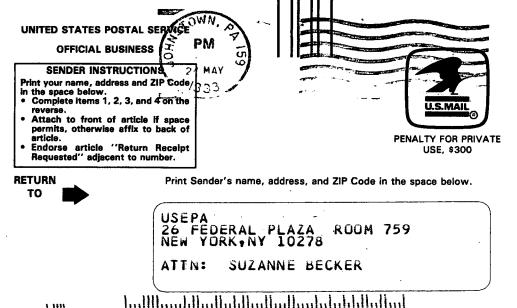
ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 2 when additional s 3 and 4.	
Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services	side. Failure to do this will prevent this card you the name of the person delivered to and
and check box(es) for additional service(s) requested.	
 Show to whom delivered, date, and addressee's addres	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4 Article Number
HEDSTROM CORPORATION	P278592175
SUNNYSIDE RD AFDEORD PA 15522	ervice:
BEDFORD PA 15522	red 📙 Insured
1	© L COD
	Mail Return Receipt for Merchandise
	otain signature of addressee
	or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if
X	requested and fee paid)
6. Signature - Agent	
X dua Smette	
7. Seate of Delivery 5 A 24 9 3	
Care (Will)	
2044 4 4000	DOMECTIC DETUDNI DECEIDT

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)					
3. Article Addressed to:	4. Article Number				
HENRY L. HINCKLEY CO. SHORE RD SOUTHWEST HARBOR ME 04679	P278.592176 iervice: ered ☐ Insured ed ☐ COD				
	s Mail Return Receipt for Merchandise				
	tain signature of addressee				
	or agent and DATE DELIVERED.				
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)				
6. Signature - Agent X de a tenho 7. Date of Delivery					
5/24/93					
PS Form 3811, Apr. 1989 + u.s.g.P.o. 1989-238-815	DOMESTIC RETURN RECEIPT				

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

reverse.

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
 Show to whom delivered, date, and addressee's addres	dress. 2. Restricted Delivery (Extra charge)
3 Article Addressed to:	4. Article Number
THE HENRY HINCKLEY CO.	PO71550089
SOUTHWEST HARBOR ME 04679	ered
	btain signature of addressee
	or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if
X By	requested and fee paid)
6. Signature — Agent	
× Leah linker	
7. Date of Delivery 5/24/93	. 9 - 1
DC Corm 381/ Apr 1080 +US CED 1080-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZiP Code In the space below. Complete items 1, 2, 3, and 4 on the reverse. Attach to front of article if space permits, otherwise affix to back of articia. · Endorse article "Return Receipt

Requested" adjacent to number.





USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA

26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 2 vien additional s	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse serom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
HESS & CLARK, INC. SEVENTH & DRANGE ST ASHLAND OH 44805	ervice 55 ered
	tain signature of addressee
5. Signature – Addressee	8. Addressee's Address (ONLY if
X .	requested and fee paid)
6. Sygnature - Agent Pickeing	400
7. Date of Delivery	
PS Form 3811, Apr. 1989 +u.s.g.p.o. 1989-238-8	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





Print Sender's name, address, and ZIP Code in the space below.

RETURN

TO



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s	side. Failure to do this will prevent this card
from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	you the name of the person delivered to and are available. Consult postmaster for fees
 ☐ Show to whom delivered, date, and addressee's add (Extra charge) 	dress. 2. Restricted Delivery (Extra charge)
3 Article Addressed to:	4. Article Number 565
HONEY COMB SYSTEMS, INC RET:111, PO BOX 502 BIDDEFORD ME 04005	P27897592179
KEL LILL PU BUX 502	ervice:
RIDDEFORD WE 04005	ered 🖳 Insured
	ed LJ COD
	s Mail Return Receipt for Merchandise
	signature of addressee
·	or agent and DATE DEL VERED.
5. Signature — Addressee	8. Addiessee's Address (ONLY if
X	TOTAL PROSE PRODUCTION
6. Signature Agent	
x Mance Jayor	
7. Date of Delivery	WE
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. · Complete Items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of

article. • Endorse article "Return Receipt

Requested" adjacent to number.







PENALTY FOR PRIVATE USE, \$300

RETURN TΩ



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

SENDER: Complete items 1 a 3 and 4.	nd 2 whe	n additional s	services are desired, and complete items
Put your address in the "RETURN TO from being returned to you. The retur the date of delivery. For additional ser and check box(es) for additional servant. Show to whom delivered, date of the servant	n receipt fe les the folk vice(s) requ ate, and ac	e will provide o wing services ested.	
(Extra ci	narge)		(Extra charge)
3. Article Addressed to:			4. Article Number
			P071550525
HOWARDS EXPRESS			Servicé:
GENEVA	4.13.4		
GENEVA	NY	14456	led COD
			ss Mail Return Receipt for Merchandise
			btain signature of addressee
			or agent and DATE THE LIVERED.
5. Signature – Addressee	0		8. Addressed & Address (QNLY if
x Jack Gran	June	>	regiested a Respect
6. Signature - Agent			[54]
X			YAM
7. Date of Delivery			AN THE STATE OF TH
PS Form 3811, Apr. 1989	+ U.S.G.I	P.O. 1989-238-81	DOMESTIC RETURN RECEIP

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ATTN: SUZANNE BECKER

lan IIII hallan Haadalad

SENDER: Complete items 1 and 2 ,when addition 3 and 4. Put your address in the "RETURN TO" Space on the reversion being returned to you. The return receipt fee will protect the date of delivery. For additional fees the following sent and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Extra charge)	rise side. Failure to do this will prevent this card vide you the name of the person delivered to and vices are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
LOS CAPATINA DOV CONTINO	Service:
HUB FOLDING BOX CO.,INC 774 NORTH ST MANSFIELD MA 0204	
MANSFIELD MA 0204	
	fied
	ss Meil Return Receipt
	ss Wall for Merchandise
	btain signature of addressee
	or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if
1 -	requested and fee paid)
X	
6 Signature Agent	$\overline{\cdot}$
x lon	
7. Date of Delivery	
524/93	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-23	8-815 DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

- reverse. · Attach to front of article if space
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



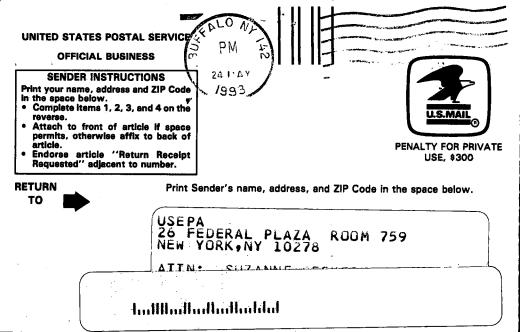


RETURN TO

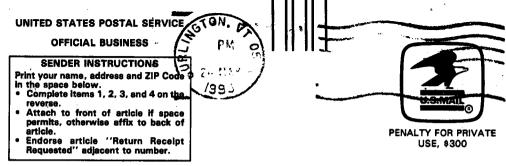
Print Sender's name, address, and ZIP Code in the space below.

USEPA: 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

- Park and the state of the sta	·	
3 and 4. Put your address in the "RETURN TO" S from being returned to you. The return re	Space on the reverse eceipt fee will provide the following service: (s) requested. and addressee's ad	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
HUNTINGOON ANALYTICA	u svc	POJ1550523
HUNTINGDON ANALYTICA 144 TELEGRAPH MIDDLEPORT	NY 14105	Servies tered Insured ied COD ss Mail Return Receipt for Merchandise
·		btain signature of addressee
	·	T or agent and DATE DELIVERED.
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Mature - Agent x D. Barler		
7. Date of Delivery		
PS Form 3811, Apr. 1989	★ U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 and 2 when additions 3 and 4. Put your address in the "RETURN TO" Stace on the revers from being returned to you. The return receipt fee will provie the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Extra charge)	se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees
HUTCHINSON HOUSEHOLD (PS)	P071550592
PLAINFIELD VT 0566	d COD Return Receipt Mail J Tor Merchandise tain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressée's Address (ONLY if requested and fee paid)
6. Signature - Agent Statute Cay Nay	
To Date of Delivery	
PS Form 3811, Apr. 1989 +U.S.G.RO. 1989-238	815 DOMESTIC RETURN RECEIPT



RETURN TO

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA NEW YORK NY 10278 **ROOM 759**

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and a are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
HYDROSAMPLE DIVISION (PS) 367 W. MAIN ST NORTHBORO MA 01532	PO71550531 Service: ered
5. Signature — Addressee 6. Signature — Agent X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)
S Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

110/24/93 20:11 068#3 #4#1

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA ROOM 759 26 FEDERAL PLAZA NEW YORK, NY 10278

ATTN: SUZANNE BECKER

4 4113

SENDER: Complete items 1 and 2 when additional s	
Put your address in the "RETURN TO" Space on the reverse serom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
IMAGING & SENSING TECHNOLOGY WESTINGHOUSE CIRCLE HORSEHEADS NY 14845	Service: tered
1	or agent and DATE DELIVERED.
5. Signature – Addressee X 6. Signature – Agent	8. Addressee's Address (ONLY if requested and fee paid)
X	
7. Date of Delivery	
0044	DOMESTIC DETUDA DECEM

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

UNITED STATES FOSTAL SERVICE Y. 149 05/14/93 17:56

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ATTN: SUZANNE BECKER

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SENDER: Complete items 1 and 3 and 4.	I 2 when additional s	ervices are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return r	eceipt fee will provide of the following services e(s) requested. e, and addressee's add	ide. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees tress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
IMO INDUSTRIES 21611 TUNGSTEN RD EUCLID	OH 44117	POTISSOSIT Service: ered Insured ed COD ss Mail Return Receipt for Merchandise
A 100		or agent and DA (E DELIVERED.
5. Signature — Addressee X 6. Signature # Agent	tr	8. Addressee's Address (ONLY if requested and fee paid)
X		
7. Date of Delivery 5 94 153		•
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

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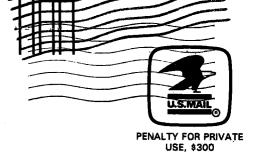
SENDER INSTRUCTIONS
Print your name, address and ZIP

in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.

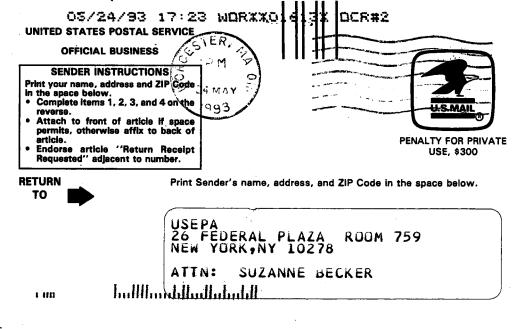


RETURN TO Print Sender's name, address, and ZIP Code in the space below.

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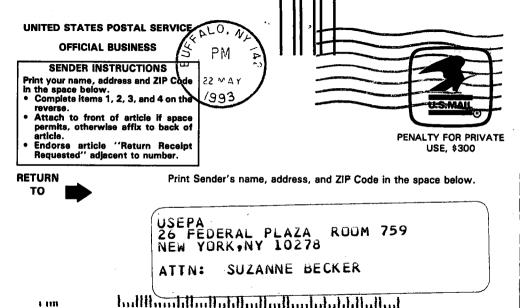
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

SENDER: Complete items 1 a 3 and 4.	ind 2 whei	n additional s	services are desired, and complete items
Put your address in the "RETURN TO from being returned to you. The return	n receipt feres the followice(s) required ate, and ad	e will provide wing services ested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
INDEPENDANT CABLE 43 BROAD STREET	co.		P071550516 Service:
HUDSON	MA	01749	tered Insured ed COD ss.Mail Return Receipt for Merchandise
	·		otain signature of addressee
In			or agent and <u>DATE DELIVERED</u> .
5. Signature – Addressee X. Landl 6. Signature – Agent	W		8. Addressee's Address (ONLY if requested and fee paid)
X			
7. Date of Delivery	3		
PS Form 3811, Apr. 1989	∗ U.S.G.P.	O. 1989-238-615	DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 and 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse:	side. Failure to do this will prevent this card
from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services	s are available. Consult postmaster for fees
and check box(es) for additional service(s) requested.	duana 2 - Bactuinted Delivions
1. Show to whom delivered, date, and addressee's addr	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
	P071550514
INDUSTRIAL VACUUM SERV.	ervice:
	pred Lingured
DUNKIRK 14048	COD COD
	s Mail Return Receipt for Merchandise
	tain signature of addressee
	or agent and DATE DELIVERED.
11 1/ 15	
5. Signature Addresse	8. Addressee's Address (ONLY if
X VVV V VVV	requested and fee paid)
6. Signature - Agent	
x & Could	
7. Mate of Delivery	
5/22/93	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-818	DOMESTIC RETURN RECEIPT

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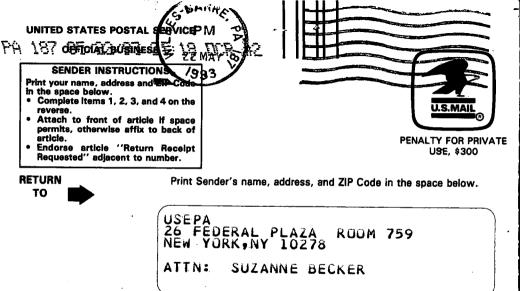


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SENDER: Complete items 1 and 3 and 4.	d 2 when	additional	services are desired, and complete items
Put your address in the "RETURN TO"	receipt fee s the follow ce(s) reque ce, and add	will provide wing service: sted.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		w172	4. Article Number
INGERSOL-RAND CO- 101 N. MAIN ST ATHENS	PA	18810	Po71550513 Service: ered
5. Signature — Addressee X			8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X 7. Date of Delivery	TT C		
PS Form 3811. Apr. 1989	+ U.S.G.P.0	O. 1989-238-81	DOMESTIC RETURN RECEIPT

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3 and 4.	d 2 when additional	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt fee will provide s the following services e(s) requested. e, and addressee's ad	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
INTERMARK FLOCK COR BAY STATE TRUCK, 52 ROHOBOTH	RP (A) (PS) 27 WINTHROP MA 02769	PO71550511 Service: ered
5. Signature — Addressee 6. Signature — Agerit X 7. Date of Delivery	23	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the PAVAFRA.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.





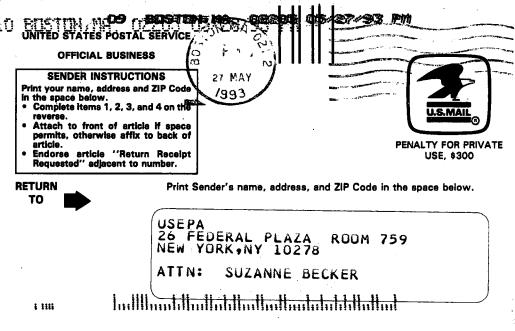
RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

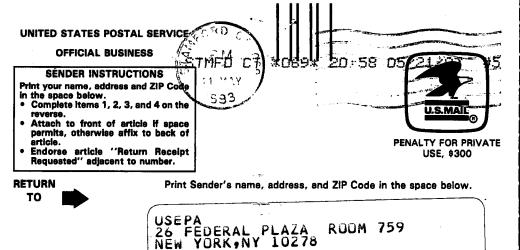
USEPA 26 FEDERAL PLAZA NEW YORK NY 10278 **ROOM 759**

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	Space on the reverse s receipt fee will provide s is the following services re(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra cha	rge)	(Extra charge)
3. Article Addressed to:	<u> </u>	4. Article Number
CSMS NATIONAL GUARD BARNUM ST FORT DEVONS	MA 01433	Service: ered Insured ed COD service: ered Anail Anail Anail Breturn Receipt for Merchandise oragent and DATE DELIVERED.
5. Signature – Addressee X / Lorna V es 6. Signature – Agent X 7. Date of Delivery 24 May 53	mont	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

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3 and 4.	•	services are desired, and complete items
from being returned to you. The return i	eceipt fee will provide the following services e(s) requested. e, and addressee's add	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
CUSTOM DESIGN SERVI 30 SOUTH STREET DANBURY	CES	P278.5 9 2000 Service: ered
		tain signature of addressee <u>DATE DELIVERED</u> .
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)
	gnome	
7. Date of Delivery 5-21-93		
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



SUZANNE BECKER

ATTN:

SENDER: Complete items 1 at 3 and 4.	nd 2 wher	acditional s	services are desired, and complete items
Put your address in the "RETURN TO from being returned to you. The return	n receipt fee	will provide	side. Failure to do this will prevent this card you the name of the person delivered to and
and check box(es) for additional services	es the follo ice(s) reque	wing services isted.	are available. Consult postmaster for fees
1. ☐ Show to whom delivered, da (Extra ch	ite, and ad-		dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
CYCLE CHEM, INC. 217 S. 1ST ST ELIZABETH			P378592001
ELIZABETH	LN	07206	
			for Merchandise
			tain signature of addressee
			or agent and DATE DELIVERED.
5. Signature – Addressee			8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent			
X			•
7. Date of Delivery	-24		
PS Form 3811, Apr. 1989	⋆U.S.G.P.	O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

. Complete Items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt

Requested" adjacent to number.



Print Sender's name, address, and ZIP Code in the space below.

RETURN TO



USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

SENDER: Complete items 1 and 3 and 4.	d 2 when	additional	services are desired, and complete items
Put your address in the "RETURN TO"	receipt fee s the follow e(s) reque e, and add	will provide wing services sted.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
D.C. AUTOMOTIVE 8262 GLEAN RD HOLLAND	NY	14080	Pa78592003 Service: ered
			otain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X			8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent			
x Carol Haar			
7. Date of Delivery 5-27.	-93		
PS Form 3811, Apr. 1989	+ U.S.G.P.0	D. 19 89-238-8 15	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

- reverse.
- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.





RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

SENDER: Complete items 1 an	d 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt fée will provide y s the following services ce(s) requested. te, and addressee's add	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
DANA CORPORATION 182 S. MAIN ST FREDRICKSTOWN	OH / 43019	Service: tered Insured ied COD ss Mail Return Receipt for Merchandise
0		otain signature of addressee and DATE DELIVERED.
5. Signature — Addressee	Tovett	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	~	
7.* Date of Delivery 5-24-9-	3	y
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete Items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of

article.

 Endorse article "Return Receipt Requested" adjacent to number. U.S.MAIL.

PENALTY FOR PRIVATE

RETURN

Print Sender's name, address, and ZIP Code in the space below.

TO D

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

SENDER: Complete items 1 and 2 when additions 3 and 4.	al services are desired, and complete items
Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will proving the date of delivery. For additional fees the following serving and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Extra charge)	de you the name of the person delivered to and ces are available. Consult postmaster for fees
3 Article Addressed to:	4. Article Number
DARWORTH COMPANY 50 TOWER LANE AVON CT 0600	Pa78 59 2005 Service: ered
	ptain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
X 6. Signature Agent X 7. Date of Delivery	MAY CO
	1,000
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-	815 DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA Ző FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the artic. The Return Receipt will show to whom the article was delivered as	l space cle number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery
ţ or	delivered. 3. Article Addressed to:	4a. Arti	Consult postmaster for fee.
U J	avid F. Toomey, Esq. ffice of District Counsel S. Dept. of Veterans Affairs ohn F. Kennedy Federal Buildi oston, MA 02203	4b. Ser □ Regis ☑ Certi	152 Z ₁₀ Z ₃₉ vice Type stered □ Insured
your RETURA	Signature (Addressee) Signature (Agent)	and	essee's Address (Only if requested fee is paid)
<u></u>	PS Form 3811, December 1991 & U.S.G.P.O.: 1992-307	-530 D (OMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300



APR 2 2 1994

Print your name, address and ZIP Code here

U.S. ENVIRONMENTAL PROTECTION AGENCY REGION II OFFICE OF REGIONAL COUNSEL

NEW YORK/CARIBBEAN SUPERFUND BRANCH 26 FEDERAL PLAZA — ROOM 437 NEW YORK NEW YORK 10278

Kissel

the reverse side	3. Article Addressed to: Defense Fuel Supply Depot Route 123 S. Harpswell, ME 04079 4a. Article Addressed to: 4b. Ser		Consult postmaster for fee. cle Number 7 \$ 2 210 2 3 8 vice Type stered
	5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 & U.S.G.P.O.: 1992-307	8. Addi and	ressee's Address (Only if requested fee is paid) OMESTIC RETURN RECEIPT

FORTLAND; ME CHI UNITED STATES POSTAL SERVICE Official Business PENALTY FOR PRIVATE U.S. MAIL USE TO AVOID PAYMENT OF POSTAGE \$300 APR 2 0 1994

Print your name, address and ZIP Code here

U.S. ENVIRONMENTAL PROTECTION AGENCY REGION II OFFICE OF REGIONAL COUNSEL NEW YORK/CARIBBEAN SUPERFUED BRANCH 26 FEDERAL PLAZA — ROOM 437 NEW YORK NEW YORK

SENDER: Complete items 1 3 and 4.	and 2 when additional	services are desired, and complete items
Put your address in the "RETURN	TO" Space on the reverse	side. Failure to do this will prevent this card
the date of delivery. For additional	fees the following service	you the name of the person delivered to and sare available. Consult postmaster for fees
and check box(es) for additional set 1. Show to whom delivered, (Extra		dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Númber
DEGRAFF MEMORIAL 445 TREMONT ST. N. TONAWANDA	HOSPITAL	P278592007 Service:
N. TONAWANDA	NY 14120	stered Insured fied COD Return Receipt
	;	Return Receipt for Merchandise
		bbtain signature of addressee
Λ		or agent and DATE DELIVERED.
5. Signature - Adoreste	(50	8. Addressee's Address (ONLY if
X love (le Mula)	(369)	requested and fee paid)
6. Signa — Agent	(50%)	[4]
x //	Z COM	
7. Date of Delivery	OV AWAY	
PS Form 3811, Apr. 1989	+U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the TAVATSA.

· Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN

1111

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

SENDER: Complete items 1 and 3 and 4. Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional fees and check box(es) for additional service. Show to whom delivered, date (Extra chair)	Space on eceipt fee the follow e(s) reques e, and add	the reverse will provide ving services ted.	side. Failure to you the name s are available dress. 2. [o do this will prevent this card of the person delivered to and Consult postmaster for fees Restricted Delivery (Extra charge)	i
3. Article Addressed to:			4. Article I	Number	
DELEVAN INDUSTRIES 1728 WALDEN AVENUE BUFFALO	NY	14225	ere ed s	PA78 59 A LOS rvice: ad	<u> </u>
			or egentland	DATE DELIVERED.	
5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery	~~D_	THE TOTAL OF THE PARTY OF THE P	M Addes	e's Address (ONLY if and fee paid)	
PS Form 3811, Apr. 1989	+ U.S.G.P.O	. 1989-238-815		DOMESTIC RETURN RECEI	PT

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

	-	
3 and 4. Put your address in the "RETURN TO" from being returned to you. The return re	Space on the reverse si eceipt fee will provide y the following services e(s) requested. , and addressee's add	ervices are desired, and complete items ide. Failure to do this will prevent this card ou the name of the person delivered to and are available. Consult postmaster for fees ress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
DELMONTE CORPORATION 909 LINDEN AVENUE ROCHESTER	NY 14625	ervice: ared
5. Signature - Addressee		8. Addressee's Address (ONLY if
x ,		requested and fee paid)
6. Signature - Agent		
x x0 powal		
7. Date of Delivery		
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS NY 146 21:19 1031/24/93 #4

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

- reverse. · Attach to front of article if space permits, otherwise affix to back of
- article. · Endorse article "Return Receipt





PENALTY FOR PRIVATE USE. \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.



26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

ATTN: SUZANNE BECKER

1...|||||....||.|||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||...||... 6 4228

SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's a (Extra charge)	e you the name of the person delivered to and es are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
DELTA RUBBER CO. 34 WAUREGAN RD DANIELSON CT 06239	Service: ered Insured ed COD ss Mail Return Receipt for Merchandise otain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X Delta Malossee 7. Date of Delivery	8. Address & Address ONLY if requested and fee paid 15. DOMESTIC RETURN RECEIPT
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-8	15 DOMESTIC RETURN RECEIPT

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SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete Items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of

article.
• Endorse article "Return Receipt

Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN,

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

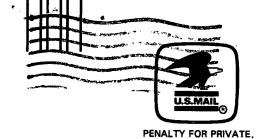
SENDER: Complete items 1 and 2 wher additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery for additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
DELVECCHIO TRANSPORT PO BOX 480 DUNMORE PA 18512	ervice: ered
5. Signature – Addressee	8. Addressee's Address (ONLY if
X	requested and fee paid)
7. Date of Delivery 5-23-93	. •
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS 24 MAY Print your name, address and ZIP Code

in the space below. Complete items 1, 2, 3, and 4 on the ravarsa.

· Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.



USE. \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ATTN: SUZANNE BECKER

185

SENDER: Complete items 1 a 3 and 4.	nd 2 when a	dditional s	ervices are desired, and complete items
Put your address in the "RETURN TO from being returned to you. The returned to you.	n receipt fae vees the following vice(s) request ate, and address	vill provide y ng services ed.	ide. Failure to do this will prevent this card to the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		7,7	4. Article Number
DENNISON DIL CO 25 MARION DRIVE KINGSTON	MA T	2364	Service: tered Insured ied COD ss. Mail Receipt for Merchandise
			or agent and DATE DELIVERED.
5. Signature – Addressee			8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent			
X		•	
7. Date of Delivery	ne		
PS Form 3811, Apr. 1969	* U.S.G.P.O.	1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete Items 1, 2, 3, and 4 on the reverse.

· Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

SUZANNE BECKER

1 1113

SENDER: Complete items 1 and 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse strom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ad	you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
DE STEFANO 34 COMMERCE WAY WOBURN MA 01801	Service: tered Insured fied COD ss Mail Return Receipt for Merchandise obtain signature of addressee or agent and DATE DITAMENSO.
5. Signature Addresse X Luci Laculum 6. Signature — Agent X 7. Date of Delivery	8. Addressee & Address (ONNY if remasted and fee haid)
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.



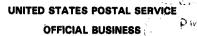
RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

SENDER: Complete items 1 and 2 when additional so 3 and 4. Put your address in the "RETURN TO" Space on the reverse so from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service(s) requested.	rige. Failure to do this will prevent this card rei≱the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
DIAMOND EAST LABORATORY WOODGLEN & ANTHONY RDS GLEN GARDNER NJ 08826	DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if
×	requested and fee paid)
7. Date of Delivery 5/22/93	· · ·
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



Print your name, address and ZIP Code

in the space below.
Complete Items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

3 and 4. Put your address in the "RETURN TO	"Space of receipt fees the following to the following tee (s) require, and acceptance of the following tee (s) requires the	n the reverse se will provide sowing services	(Extra charge)
THE DINGLEY PRESS			4. Article Number PO71550085 Service:
LISBON	ME	04250	ered 🗸 📜 Însured ed 🔲 COD ss Mail 🦳 Return Receipt for Merchandise
			stain signature of addressee
			or agent and DATE DELIVERED.
5. Signature – Addressee	lace		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent C			<u> </u>
x		-	"
7. Date of Delivery			
PS Form 3811, Apr. 1989	⋆U.S.G.F	.O. 1989-238-815	DOMESTIC RETURN RECEIPT



RETURN TO

Requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

USEPA
26 FEDERAL PLAZA ROOM 759
NEW YORK,NY 10278
ATTN: SUZANNE BECKER

	•
SENDER: Complete items 1 and 2 when additional s 3 and 4.	ervices are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse s	
from being returned to you. The return receipt fee will provide	ou the name of the person delivered to and
the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	are available. Consult postmaster for fees
1. Show to whom delivered, date, and addressee's addressee's	Iress. 2. 🗆 Restricted Delivery
" (Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
	P278592108
DONLEE TECHNOLOGY INCOM	
	ervice:
YORK PA 17402	red L Insured
, Me	d L COD
	Mail Return Receipt for Merchandise
1	tain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if
x	requested and fee paid)
6. Signature — Agent	
X V. Buckingham	
7. Date of Delivery	
MAY 2 4 1993	
MAI	

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT



PENALTY FOR PRIVATE

USE, \$300

Print your name, address and ZIP Code . Complete items 1, 2, 3, and 4 on the

· Attach to front of article if space permits, otherwise affix to back of

1...1111....1.11

article. · Endorse article "Return Receipt Requested" adjacent to number.

SENDER INSTRUCTIONS

RETURN T_O

in the space below.

reverse.

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278 ATTN: SUZANNE BECKER

1 116

3 and 4. 5			services are desired, and complete items
from being returned to you. The return the date of delivery. For additional feet	receipt fee s the follow	will provide ving services	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
and check box(es) for additional service 1. □ Show to whom delivered, dat (Extra cha	e, and add		dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	_		4. Article Number
DONSCO, INC.		ending.	P278592109
NORTH FRONT ST WRIGHTSVILLE		metry.	Service:
WRIGHTSVILLE	PA	17368	tered L Insured
		100	led L COD
	,		ss Mail Return Receipt for Merchandise
		1	btain signature of addressee
			or agent and DATE DELIVERED.
5 Signature - Addressee			8. Addressee's Address (ONLY if
X Don frack			requested and fee paid)
6 Signature — Agent			
X			
7. Date of Delivery 5 - 2 4	93		
PS Form 3811, Apr. 1989	+ U.S.G.P.C	. 1989-238-815	DOMESTIC RETURN RECEIPT

OFFICIAL BUSINESS M

SENDER INSTRUCTIONS AV THE LP THE HAND! WELL INDUSTRIES

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4-on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.

U.S.MAIL

PENALTY FOR PRIVATE
USE, \$300

RETURN

Print Sender's name, address, and ZIP Code in the space below.

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USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 2 whe 3 and 4. Put your address in the "RETURN TO" Space of from being returned to you. The return receipt fe the date of delivery. For additional fees the folloand check box(es) for additional service(s) required. Show to whom delivered, date, and an (Extra charge)	on the reverse see will provide sowing services lested.	you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:		4 Article Number
3. Article Addressed to:		Y . • . · • · · · · · · · · · · · · · · ·
DRESSER MFG. DIVISION 41 FISHER AVENUE BRADFORD PA	16701	Pa7859allo Service: tered
5. Signature - Addressee		8. Addressee's Address (ONLY if
"	SOFO	requested and fee paid)
X	Zaru u	requested and fee paid)
6. Signature — Agent X 7. Date of Delivery	MAY 24 1993	
PS Form 3811 , Apr. 1989 *U.S.G.I	2.0 1989-289-015	DOMESTIC RETURN RECEIPT

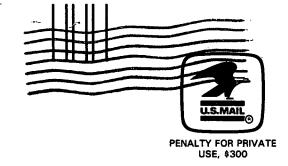
UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS MAY 24

SENDER INSTRUCTIONS Print your name, address and ZIP Sode

in the space below. • Complete Items 1, 2, 3, and 4 on the

- reverse. Attach to front of article if space
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



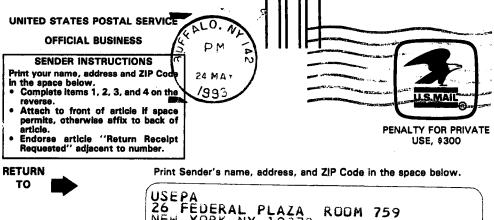
RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA

26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

SENDER: Complete items 3 and 4.	and 2 when	ुadditional s	services are	desired, and	complete items
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card					
from being returned to you. The re	turn receipt fee	will provide	you the nam	e of the person of	delivered to and
the date of delivery. For additional and check box(es) for additional s	rees the follow	ving services	are availab	ie. Consuit post	master for fees
1. Show to whom delivered,			dress. 2.	☐ Restricted	Delivery
	charge)			(Extra charg	
3. Article Addressed to:			4. Article	Number	
DUNKTER BADIATOR	COPP.	yr ,		₽ <i>∂</i> 78.5	92112
DUNKIRK RADIATOR	CURP •		S	ervice:	
85 MIDDLE ROAD	NY	14048		Ins	ured
DUNKIRK	14.1	14040	- NK	IRK CO	
					turn Receipt
			/9 ै	TAN LAS	Marchandina
				and ignature of	addressee.
		- Judepute.		IN DATE DELIVE	
5. Signature - Addressee			8. Addres	sace's Address	(ONLY if
x fomes W age			request	tilgand fee paid	
6//Signature - Agent //			1	4048	
1				1040	
<u></u>	w -				
7. Date of Delivery					
1			İ	•	
PS Form 3811, Apr. 1989	* U.S.G.P.0	D. 1989-238-815	<u> </u>	DOMESTIC RI	TURN RECEIPT



26 FEDERAL PLAZA NEW YORK, NY 10278

ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and the fees to the fees the following services and the fees the fe	you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
INTERNATIONAL PAPER CO S.HIGHLAND ST	P071550509
LOCKHAVEN PA 17745	ervice: ered ☐ Insured ed ☐ COD s Mail ☐ Return Receipt for Merchandise
	otain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent Balan	
7. Date of Delivery 5 24 9 3	ζ
0044	DOLLEGO DETUNE DEGELOT

PS Form 3811, Apr. 1989

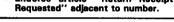
. 1989 *** U.S.G.P.O. 1989-238-815**

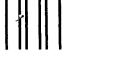
DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt







RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)					
3. Article Addressed to:			4. Article Number		
ITT:HIGBIE 701:LUGHILL RD ARCHBOLD	OH 4	3502	PO71550507 Service: tered		
E Circuture Addresses			8. Addressee's Address (ONLY if		
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Deliverage	nur)	requested traisfee paid)		
PAY 27 ts	93		DOMESTIC DETUDN DECEIN		
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PS Form 3811, Apr. 1989

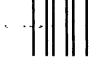
*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the ravarsa.

- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.





RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

SENDER: Complete items 1 and 2 when	additional s	services are desired, and complete items
9 3 and 4. Put your address in the "RETURN TO" Space on t from being returned to you. The return receipt fee the date of delivery. For additional fees the follow and check box(es) for additional service(s) request 1. ☐ Show to whom delivered, date, and address to the date of the d	will provide ving services ted.	you the name of the person delivered to and sare available. Consult postmaster for fees
3. Article Addressed to:		4. Article Number
J.B. SLEVIN CO.INC. 300 EAST BALTIMORE AVE. LANSDOWNE PA	19050	PO71550505 Service: ered ed Signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery 5-24-93	7	8. Addresse's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 ** *u.s.g.P.O.	. 1989-238-815	DOMESTIC RETURN RECEIPT



SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

- PAVATRA. · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



RETURN TO

Print Sender's name, address, and ZIP Code in the space-below.



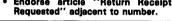
26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

SENDER: Complete items 1 and 3 and 4.	2 when ac	iditional s	ervices are desired, and complete items
Put your address in the "RETURN TO"	eceipt fee wi the followin (s) requeste	ll provide y g services d.	ide. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
(Extra char	ge)		(Extra charge)
3. Article Addressed to:			4. Article Number
J & D AUTOMOTIVE 2190 CLINTON ST BUFFALO	NY 1	.4206	POTI 550.506 Service: ered
			or agent and DATE DELIVERED.
5. Signature/Ardgessee		e″. •≪.	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent			
x '			
7. Date of Delivery 22-93			
PS Form 3811, Apr. 1989	±U.S.G.P.O. 1	989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- · Endorse article "Return Receipt





PENALTY FOR PRIVATE USE. \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.			
Þ	3. Article Addressed to: J.M. CANTY 590 YUUNG ROAD TONAWANDA NY 1415	0	icle Number 1.353 158 219 rvice Type istered	
IL RETURN AD	6. Signature (Addressee) - W 6. Signature (Agent)	8 Add	resse Mail Herchandise a of Delivery ressee's Address (Only if requested fee is paid)	
S VOI	PS Form 3811, December 1991 #U.S. GPO: 1992-323	402 D	OMESTIC RETURN RECEIPT	

UNITED STATES POSTAL SERVICE

Official Business



OF POSTAGE, \$300



Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA

NEW YORK NY 10278

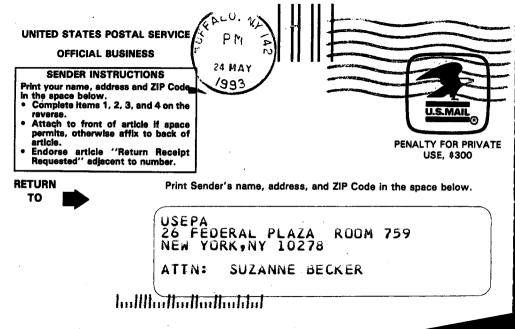
hulllandskaladadahahadalablallad

ROOM 759

ATTN: MS. SUZANNE BECKER

1 1111

SENDER: Complete items 1 and 3 and 4.	2 when additional s	ervices are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return rethe date of delivery. For additional fees and check box(es) for additional service 1. Show to whom delivered, date	eceipt fee will provide y the following services e(s) requested e, and addressee's add	ide. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees tress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	(ge)	4. Article Number
JAMESTOWN ELECTROPL	ATING WORKS	N1
105 WATER ST	NY 14702	Service:
JAMESTOWN	17.092	tered
	3	or agent and DATE DELIVERED.
5. Aignerure — Addressee		8. Addressee's Address (ONLY if refuested and fee paid)
6. Signature — Agent		· ·
7. Date of Delivery		
PS Form 3811, Apr. 1989	±U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 and 2 when additional 3 and 4.	al services are desired, and complete items
Put your address in the "RETURN TO" Space on the reversifrom being returned to you. The return receipt fee will provie the date of delivery. For additional fees the following servi and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Extra charge)	de you the name of the person delivered to and ces are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
JESSUP DOOR CO. 300 E.RAILROAD ST DOWAGIAC MI 4904	PO71550503 ervice: red Insured d COD s Mail Return Receipt for Merchandise train signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee 6. Signature — Agent 7. Date of Delivery 5 — 24 — 97	8. Addresse's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238	-815 DOMESTIC RETURN RECEIPT

/

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt

Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

the reverse side	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so tha return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the artic	spac	е	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery
미	 The Return Receipt will show to whom the article was delivered ar delivered. 	nd the	date	Consult postmaster for fee.
7	3_Article Addressed to:	4a.	Arti	cle Number
1	JOSLYN MFG. & SUPPLY CO. 7574 EAST MAIN ROAD LIMA NY 144	85		ice Type tered
ADD				5/20
our RETURN	5. Signature (Addressee) 6. Signature (Agent)		and	ressee's Address (Only if requested fee is paid)
Š	PS Form 3811, December 1991 ±U.S. GPO: 1992-323	-402	D	OMESTIC RETURN RECEIPT

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UNITED STATES POSTAL SERVICE

Official Business

RDC NY 146 20:55

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< 1993

U.S. MAIL

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Print your name, address and ZIP Code here

USE TO AVOID PAYMENT

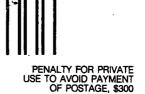
OF POSTAGE, \$300

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK:NY 10278

on the reverse side	• Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back it does not permit. • Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered.	f space cle number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
Þ	3. Article Addressed to:	4a. Art	cle Number
AD	JOY MFG. CO. 3101 BROADWAY AVENUE BUFFALO NY 142	225	ref Delivery
our RETURN	5. Signature (Addressee) 6. Signature (Agem) Political Control of the Control	and	ressee's Address (Only Trequested fee is paid)
2	PS Form 3811, December 1991 + U.S. GPO: 1992-323	3-405 D	OMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

Official Business



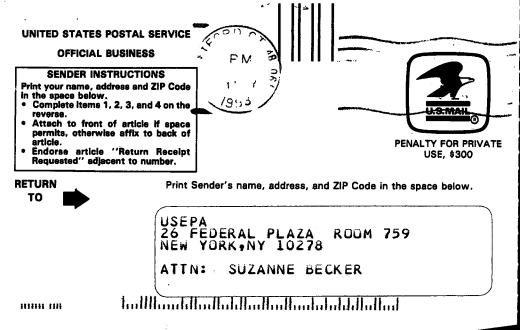


Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZAR NEW YORK, NY 10278

ROOM 759

SENDER: Complete items 1 and 3 and 4.	nd 2 when additional	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt fee will provide to the following service ce(s) requested. te, and addressee's ac	side. Failure to do this will prevent this card you the name of the person delivered to and is are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
KEENEY MANUFACTURI 1170 MAIN ST NEWINGTON	NG CO CT 06111	PO71550~99 Service: ered
		or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery	A5 Shul	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	± U.S.G.P.O. 4 989-238-81	5 DOMESTIC RETURN RECEIPT



Put your address in the "RETURN TO from being returned to you. The returned	O'' Space on receipt f	on the reverse see will provide	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
and check box(es) for additional serv 1. ☐ Show to whom delivered, delivered, delivered of the control of the	rice(s) requate, and a	uested.	•
3. Article Addressed to: KEM PLAYING CARDS			4. Article Number P071550498
KEM PLAYING CARDS 2-12 BECK PLACE POUGHKEEPSIE	NY	12601	Service: ered ☐ Insured ed ☐ COD s Mail ☐ Return Receipt for Merchandise
			otain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee			8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent 7. Date of Delivery	Schr	llei	
50493 PS Form 3811, Apr. 1989	⋆U.S.G.	P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.



PENALTY FOR PRIVATE

USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

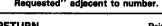
USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

3 and 4. Put your address in the "RETURN TO	O" Space in receipt to ses the fol- vice(s) requate, and a	on the reverse s fee will provide lowing services uested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
KENMORE TON-UNION 1500 COLVIN BLVD- KENMORE	FRE	14223	PO71550A97 Service: ered
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery	h L	1	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	⋆U.S.G	.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article ''Return Receipt Requested' adjacent to number.





PENALTY FOR PRIVATE USE, \$300

U.S. MAII

TO E

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278



n the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back is does not permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered.	1. Addressee's Address
ō	3. Article Addressed to:	4a. Article Number
AD	KENNECOTT-PROCESS EQUIPMENT DIV BLDG W4-1 WALMORE RD NIAGARA FALLS NY 1430 /43	P 35 3 158 197 rvice Type istered Insured tified COD ress Mail Return Receipt for Merchandise
ur RETURN	Signature (Addresses Signature (Agent)	8. Addressee's Address (Only if requested and fee is paid)
s yo	PS Form 3811, December 1991 ±0.8. GPO: 1992—32	DOMESTIC RETURN RECEIPT

Official Business

Official Business

PENALTY FOR PRIVATE USE TO AVOID PAYMENT USE TO AVOID PAYMENT OF POSTAGE \$300

Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s	side. Failure to do this will prevent this card
from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	you the name of the person delivered to and are available. Consult postmaster for fees
1. ☐ Show to whom delivered, date, and addressee's add (Extra charge)	dress. 2. Restricted Delivery (Extra charge)
3 Article Addressed to:	4. Article Number
KENSINGTON INDUSTRIES	P071550496
69 PUBLIC SQUARE, SUITE 904 WILKES BARRE PA 18702	ered Insured
	s Mail Return Receipt for Merchandise
	otain signature of addressee or agent and DATE DELIVERED.
F Cinch and Addresses	
5. Signature Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent	
7. Date of WAY 2 4 1993	
MAT & 4 1993	
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

• Attach to front of article if space

permits, otherwise affix to back of article.

Endorse article "Return Receipt Requested" adjacent to number.





RETURN

Print Sender's name, address, and ZfP Code in the space below.



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additions 3 and 4.	al services are desired, and complete items
Put your address in the "RETURN TO" Space on the start from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following servi and check box(es) for additional service(s) requested. MAN	de (ou) the name of the person delivered to and ices are available. Consult postmaster for rees
1. Show to whom delivered, date, and addressee's (Extra charge)	address 2. Restricted Delivery
3. Article Addressed to:	4. Article Number
KEYES FIBRE CO 100 COLLEGE AVENUE WATERVILLE ME 0490	PO 1550495 Selwice: erec
<u> </u>	or agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent	
7. Date of Delivery 5 - 24 93	
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-	-815 DOMESTIC RETURN RECEIPT

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SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- article.
 Endorse article "Return Receipt Requested" adjacent to number.

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PENALTY FOR PRIVATE USE, \$300

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK:NY 10278

e de la companya del companya de la companya del companya de la co	v v v v v v v v v v v v v v v v v v v
SENDER: Complete items 1 and 2 when add 3 and 4. 9 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will the date of delivery. For additional fees the following and check boxies for additional service(s) requested. 1. Show to whom delivered, date, and address (Extra charge)	provide you the name of the person delivered to and services are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
KEYSTONE CARBON CO 1935 STATE ST SAINT MARYS PA 15	Service: ered Insured ed COD s Mail Receipt for Merchandise or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent	
7. page of Delivery Inas 5/24	193
PS Form 38 1/7, Apr. 1989 + U.S.G.P.O. 198	9-238-815 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVE

SENDER INSTRUCTIONS
Print your name, address and ZIP code 1993 in the space below.

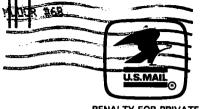
Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of: article.

Endorse article "Return Receipt Requested" adjacent to number.

993

4/580



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

1 Leadbillecearballeadlacballeadleadleadleeadleeacactactarballa

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
K-MART:#7171 1460 FRENCH RD DEPEN NY 14043	PO7155050] Bervice: ered
	or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature Agent X	
7. Date of Belivery 5 22-93	

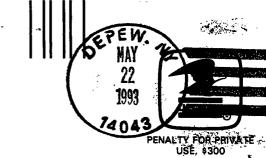
PS Form 3811, Apr. 1989 *U.S.G.RO. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete Items 1, 2, 3, and 4 on the

- reverse.
 Attach to front of article if space
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjecent to number.



1 5111

RETURN TO

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Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)			
3. Article Addressed to:	4 Article Number		
KNDX SEMICONDUCTOR ROCKPORT INDUSTRIAL PARK ROCKPORT ME 04856	PO71550493		
5. Signature - Addressee	8. Addressee's Address (ONLY if		
X	requested and fee paid)		
6. Signature — Agent D X Comb. Nov. C 7. Date of Delivery 5-24-93			
PS Form 3811. Apr. 1989 +U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT		

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UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete Items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- article.

 Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

raverse.



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

haddhaaddadadadd

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space over the complete from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
KOA SPEER ELECTRONICS, INC BOLIVAR DRIVE BRADFORD PA' 16701	POTI 550493 Service: ered
	or agent and DATE DELIVERED.
5. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS Print your name, address and ZIP Code in the space below. Complete Items 1, 2, 3, and 4 on the

· Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt

Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO

1 1111

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)				
3. Article Addressed to:		4. Article Number		
KWIK FILL (A) 5251 W. RIDGE RD	NY 14559	PO71550491 Service:		
\	1 4	ss Mail COD Return Receipt for Merchandise		
•		or agent and DATE DELIVERED.		
5. Signature — Addressee X		Addressee's Address (ONLY if requested and fee paid)		
6. Signature — Agent X				
7. Date of Delivery 5/22/93				
PS Form 3811, Apr. 1989	+U.S.G.P.D. 1989-238-815	DOMESTIC RETURN RECEIPT		

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UNITED STATES POSTAL SERVICE

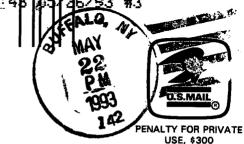
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete items 1, 2, 3, and 4 on the reverse.
- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt

Requested" adjacent to number.



RETURN

Print Sender's name, address, and ZIP Code in the space below.

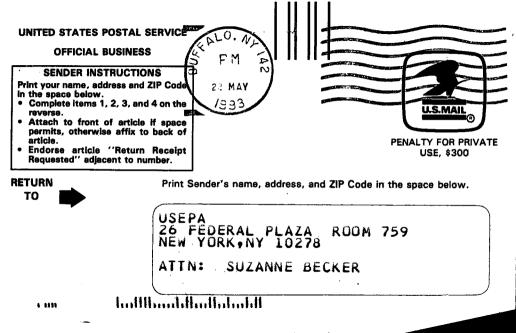
TO

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ATTN: SUZANNE BECKER

1...||||.....||

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional services.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
(Extra charge)	(Extra charge)
3. Article Addressed to:	4 Article Number
KWIK FILL (B) ELLICOTT & JACKSON BATAVIA 14020	PO1550490 Service: ered
5. Signature — Addressee	Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X YOUND NOWN 7. Date of Delivery 5/22/93	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-818	DOMESTIC RETURN RECEIP



SENDER: Complete items 1 and 2 wh	en additional s	services are desired, and complete items
Put your address in the "RETURN TO" Space		
from being returned to you. The return receipt the date of delivery. For additional fees the following the followi	ree will provide	you the name of the person delivered to and
and check box(es) for additional service(s) req	uested.	
 Show to whom delivered, date, and a (Extra charge) 	addressee's ad	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
LADESCO, INC.	-	P071550489
150 DOW_ST, TOWER #4		Service:
MANCHESTER NH	03101	ered insured
		ed COD
	1	ss Mail Return Receipt for Merchandise
	*** *** ***	btain signature of addressee
		or agent and DATE DELIVERED.
5. Signature - Addressee		8. Addressee's Address (ONLY if
x		requested and fee paid)
6. Signature—Agent Surviv	<u>ـ</u>	
7. Date of Delivery		
PS Form 3811, Art 1989 +U.S.G	.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT



OFFICIAL BUSINESS PM

SENDER INSTRUCTIONS MAY

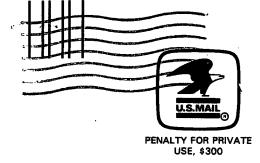
Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

reverse.

• Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.



RETURN

Print Sender's name, address, and ZIP Code in the space below.

TO -

USEPA
26 FEDERAL PLAZA ROOM 759
NEW YORK NY 10278
ATTN: SUZANNE BECKER

1 1111 - 111 - 111

SENDER: Complete items 1 and 2 when additional s 3 and 4	•
Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide	you the name of the person delivered to and
the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	
 □_pShow to whom delivered, date, and addressee's add (Extra charge) 	drė§s. 2. 🗆 Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
LANKENAU HOSPITAL 100 LANGASTER AVENUE	PO71550488
LYNNEWOOD PA 19096	ered Insured
	d COD
	s Mail Interpretation for Merchandise
	stain signature of addressee
//	or agent and <u>DATE DELIVERED</u> .
5. Signature Addressee	8. Addressee's Address (ONLY if requested and fee paid)
x / sem	reдиемей ana зее рага)
6. Signature — Agent	
x '	
7. Date of Delivery 5-24-93	
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

LECT STAMPS Complete Items 1, 2, 3, and 4 on the

Attach to front of article if space permits, otherwise affix to back of

article. • Endorse article "Return Receipt

Requested" adjacent to number.



USE, \$300

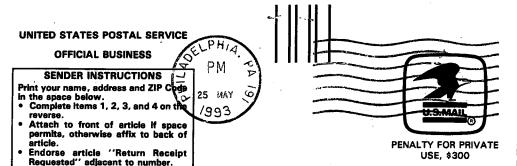
RETURN TO

reverse.

Print Sender's name, address, and ZIP Code in the space below.

USEPA ROOM 759 26 FEDERAL PLAZA NEW YORK, NY 10278

SENDER: Complete items 1 and 3 when additional s	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	you the name of the person delivered to and
Show to whomidelivered, date, and addressee's add	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
LANNETT CO., INC. 9000 STATE ROAD PHILADELPHIA PA 19136	POTISSOART Service: ered
	s Mail Return Receipt for Merchandise
	otain signature of addressee
	or agent and DATE DELIVERED.
5. Signature Agent 6. Signature — Agent	8. Addressee's Alices (ONL) if requested applicate paid
x	25
7. Date of Delivery	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT



RETURN

Print Sender's name, address, and ZIP Code in the space below.

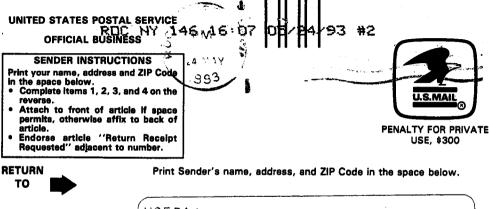
TO

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

9 3 and 4. Put your address in the "RETURN TO	O" Space rn receipt ees the fo vice(s) rec late, and	on the reverse s fee will provide ollowing services quested.	(Extra charge)
3. Article Addressed to:			4. Article Number
LAPP INSULATORS			P071550486
GILBERT ST	6 i V	14482	Service:
LEROY	NY		tered Insured
		- 85.	ied
		folianes).	btain signature of addressee
			or, agent and DATE DELIVERED.
5. Signature - Addressee			8. Addressee's Address (ONLY if
X			, represed und fee paid)
6. Signat/fre _Agent	7		
x Chita 12	Clo	ler	
7. Date of Delivery	1-9	3	
10044			

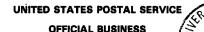
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT



USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278 ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 2 when additional and 4.	
Put your address in the "RETURN TO" Space on the reverse	side. Failure to do this will prevent this card
from being returned to you. The return receipt fee will provide	you the name of the person delivered to and
the date of delivery. For additional fees the following services	are available. Consult postmaster for fees
and check box(es) for additional service(s) requested.	,
1. Show to whom delivered, date, and addressee's ad	dress. 2. Restricted Delivery
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
LAVALLEY BUILDING SUPPLY (PS)	P071550485
GUILD RD	Service:
NEWPORT NH 03773	ered Insured
1112111 0111	
	ed 📙 COD
	s Mail Return Receipt
· · · · · · · · · · · · · · · · · · ·	
	tain signature of addressee
	or agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address (ONLY if
412/1/1/	requested and fee paid)
Signature - Addressee	, , , , , , , , , , , , , , , , , , , ,
6. Signature - Agent	
lx /	
^	l
7. Date of Delivery	
(19 59 m)	1
5-22-93 MG	<u> </u>
PS Form 3811, Apr. 1989 + u.s.g.P.o. 1989-238-81	DOMESTIC RETURN RECEIPT



SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE

USE, \$300

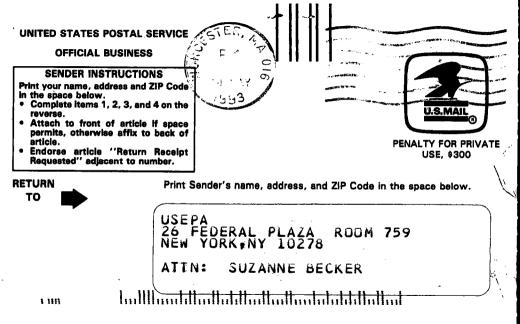
RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 2 which additions 3 and 4.	services are desired, and complete items
Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provide	e side. Failure to do this will prevent this card
the date of delivery. For additional fees the following service	es are available. Consult postmaster for fees
and check box(es) for additional service(s) requested. 1. ☐ Show to whom delivered, date, and addressee's a	
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
LEDGEMERE LAND CORP (PS)	P071550483
290 ELIOT ST	Service:
ASHLAND MA 0172:	tered Insured
•	, , , ≱ed □ COD
	ss Mail Return Receipt for Merchandise
	obtain signature of addressee
· IIII MAAA Mua	or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if
x	requested and fee paid)
6. Signature — Agent	
x /	
7. Date of Delivery	
PS Form 3811, Apr. 1989 4u.s.G.P.O. 1989-238-	DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 a 3 and 4.	nd 2, wh	en additional s	services are desired, and complete items
Put your address in the "RETURN TO	" Space	on the reverse	side. Failure to do this will prevent this card
the date of delivery. For additional fe	es the fo	lowing services	you the name of the person delivered to and are available. Consult postmaster for fees
and check box(es) for additional serv	rice(s) req	uested.	_
1. ☐ Show to whom delivered, de (Extra ci		iddressee s ade	(Extra charge)
3. Article Addressed to:			4. Article Number
LEJEUNE STEEL CO.		1	P071550482
118 W. 60TH ST			Service:
MINNEAPOLIS	MN	55419	tered Linsured
			ed COD Return Receipt
			ss Mail Gor Merchandise
			btain signature of addressee
			or agent and DATE DELIVERED.
5. Signature - Addressee			8. Addressee's Address (ONLY if
x			requested and fee paid)
6. Signature - Agept			
x-iAK			
7. Date of Delivery 5 /a 4	193		
PS Form 3811, Apr. 1989	+ U.S.G	.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete Items 1, 2, 3, and 4 on the reverse. Attach to front of article if space

permits, otherwise affix to back of article. Endorse article "Return Receipt Requested" adjacent to number.

/993

WIE APOL OF

PM

24 MAY



PENALTY FOR PRIVATE USE, \$300

RETURN

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

ATTN: SUZANNE BECKER

111 1121

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service (s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and a are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
LELAND ELECTRO SYSTEMS	P071550481
1200 LAWRENCE PKWAY	Service:
ERTE PA 16531	ered 🔲 Insured
	ed COD Return Receipt for Merchandise
	btain signature of addressee
	or agent and DATE DELIVERED.
5. Signature Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature' – Agent	
X	
7. Date of Delivery MAY 2 4 1993	•
PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt







RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

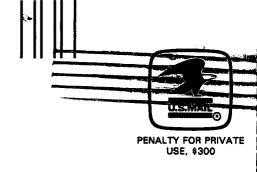
SENDER: Complete items 1 and 2 when adding 3 and 4. Put your address in the "RETURN TO" Space on the review of the date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressed (Extra charge)	erse side. Failure to do this will prevent this card vide you the name of the person delivered to and vices are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
LEVITON MANUFACTURING 745 JEFFERSON BLVD. WARWICK RI 028	POTISSOARO Service: tered
5. Signature Addresses X 6. Signature — Agent X 7. Date of Delivery 5 24 93 AY 24 PM	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 ** *u.s.G.P.O. 1989-2	38-815 DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



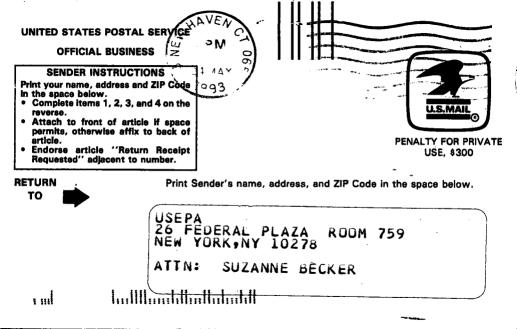
TO TO

reverse.

Print Sender's name, address, and ZIP Code in the space below.

USEPA
26 FEDERAL PLAZA ROOM 759
NEW YORK, NY 10278

SENDER: Complete items 1 and 2 and 4.	when additional s	services are desired, and complete items
Put your address in the "RETURN TO" Spafrom being returned to you. The return receipthe date of delivery. For additional fees the and check box(es) for additional service(s) to the service of the servi	ot fee will provide of following services requested.	you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
LEWIS CORP 102 WILLEN BROCK RD OXFORD CT	06478	PO71550479 Service: ered
		otain signature of addressee
		or agent and DATE DELIVERED.
5. Signature – Addressee X framen Abram 6. Signature Agent X)	8. Addressee's Address (ONLY if requested and fee paid)
Date Delivery		
PS Form 3811, Apr. 1989 *U.	S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

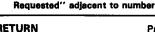


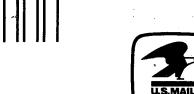
Put your address in the "RETURN from being returned to you. The ret the date of delivery. For additional and check box(es) for additional st. Show to whom delivered,	TO" Space on turn receipt fee fees the follow ervice(s) reques	the reverse s will provide ving services sted.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
LEYBOLD 6500 FLY RD E-SYRACUSE	NY	13057	PO715-50478 Service: ered Insured
5 Signature - Addresse	weis		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent	•		
7. Date of Delivery	24/93		
PS Form 3811, Apr. 1989	l ★U.S.G.P.C). 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



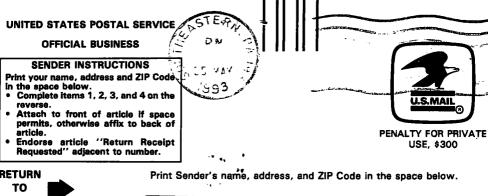


PENALTY FOR PRIVATE USE, \$300

RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA RODM 759 NEW YORK•NY 10278

SENDER: Complete items 1 ar 3 and 4.	nd 2 when additional s	services, are desired, and complete items
Put your address in the "RETURN TO"		side. Failure to do this will prevent this card
the date of delivery. For additional fee	receipt fee will provide to the following services	you the name of the person delivered to and are available. Consult postmaster for fees
and check box(es) for additional servi	ce(s) requested.	
 Show to whom delivered, da (Extra ch.) 		dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
LG_INDUSTRIES		P071 550 477
WATES WORKS RO		Service:
WAGONTOWN	PA 19376	ered Insured
	175,70	ed COD
	. , , =	ss Mail Return Receipt for Merchandise
	FI	ptain signature of addressee
		of agent and DATE DELIVERED.
5. Signature – Addressee		Addressee's Address (ONLY if
X /	3835	requested and fee paid)
6. Sighature/ Agent	7	
x W//Mfgling		
7. Date of Delivery		
\$12- Ja		
PS Form 3811. Apr. 1989	+U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT





USEPA

26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

3 and 4. Put your address in the "RETURN TO"	Space of	n the reverse s	ervices are desired, and complete items side. Failure to do this will prevent this card
from being returned to you. The return	receipt fe	e will provide y	you the name of the person delivered to and
and check box(es) for additional service	the folio	wing services	are available. Consult postmaster for fees
1. Show to whom delivered, date (Extra cha	e, and ac		Iress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
LIBRALTER PLASTICS	•		P071550476
WALLED LAKE	MI	48088	Service:
WALLED LAKE	LIT	40000	ered
			ed COD
1			s Mail Return Receipt for Merchandise
			otain signature of addressee
1			or agent and DATE DELIVERED.
5. Signature - Addressee			8. Addressee's Address (ONLY if
× Meorne Olinla			requested and fee paid)
6. Signature - Agent		_	
X		2	
7. Date of Delivery 5-24-93	4		
PS Form 3811, Apr. 1989	+ U.S.G.I	RO. 1989-238-815	DOMESTIC RETURN RECEIP)

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





RETURN TO

1 1111

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

PS Form 3811, Apr. 1989	±U.S.G.P.	O. 1989-238-815	DOMESTIC RETURN RECEIP
7. Date of Delivery	1111 1	11 11	
Х			
6. Signature - Agent			(20)
× STIT III	H		requested and the paid)
5. Signeture - Andressee			8. Addressee's Address (ONLY if
TO S	1		or agent and DATE DELIVERED.
			Atain signature of addressee
			s Mail Return Receipt for Merchandise
WARREN	RI	02885	red Insured
130 FRANKLIN ST	i a	03005	ervice:
LLOYD MEG. CO.			P071550475
3. Article Addressed to:			4. Article Number
1. Show to whom delivered, date (Extra char		dressee's add	Iress. 2. Restricted Delivery (Extra charge)
and check box(es) for additional service	e(s) reque	sted.	**
from being returned to you. The return re	eceipt fee	will provide v	you the name of the person delivered to and are available. Consult postmaster for fees
3 and 4.		****	ide. Failure to do this will prevent this card
■ SENDER: Complete items 1 and	2 when	additional s	ervices are desired, and complete items

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

 Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt

Requested" adjacent to number.



USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA: 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

SENDER: Complete items 1 and 2 wher 3 and 4. Put your address in the "RETURN TO" Space or from being returned to you. The return receipt fet the date of delivery. For additional fees the folio and check box(es) for additional service(s) reque 1. Show to whom delivered, date, and ad (Extra charge)	the reverse will provide wing services ested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:		4. Article Number
LOEWENGART & CO, INC. 209 OREGON ST MERCERSBERG PA	17236	POTISSOUTA Dervice: ered
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery 3. 24 4 3		8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 *U.S.G.P.	O. 1989-238-81	DOMESTIC RETURN RECEIP

UNITED STATES POSTAL SERVICE ...PA 1706fa**gasausines**s 1008#3 05/24/#3

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the reverse.

- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

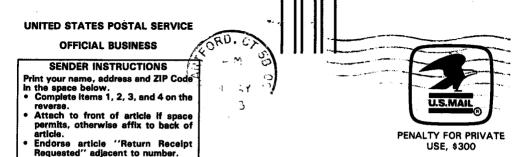
Print Sender's name, address, and ZIP Code in the space below.

USEPA ..

26 FEDERAL PLAZA NEW YORK, NY 10278 ROOM 759

ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service: and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional services.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
LOOS & COMPANY, INC RTE 101 POMFRET CT 06258	PONSSOUNS Service: ered
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X Date of Delivery 5 24193	· .
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT



RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK:NY 10278

ATTN: SUZANNE BECKER

神神辨

9 and 4. Put your address in the "RETURN TO" from being returned to you. The return rethe date of delivery. For additional fees and check box(es) for additional service 1. Show to whom delivered, date (Extra char	Space on the reverse eceipt fee will provide the following services a(s) requested.	(Extra charge)
3 Article Addressed to:		4. Article Number
LORAL DEFENSE SYSTE	MS	P071550472
600 3RD ST NEW YORK	NY 10016	pervice: ered Insured ed COD s Mail for Merchandise
		otain signature of addressee
		or agent and <u>DATE DELIVERED</u> .
5. Signature Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent	***	
X		
7. Date of Delivery	1/23	
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





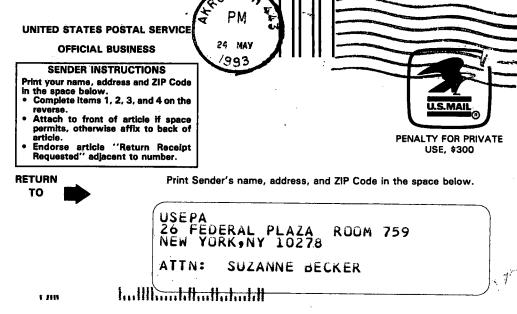


Print Sender's name, address, and ZIP Code in the space below.

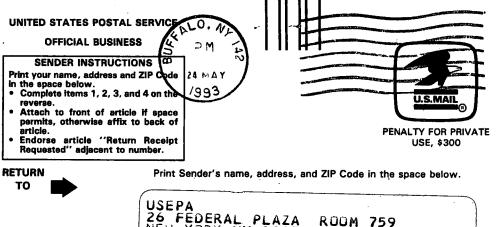
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

3 and 4. Put your address in the "RETURN TO" from being returned to your The return	Space of receipt for sthe followers, require, and a	the reverse see will provide sowing services uested.	services are desired, and complete items side. Failuse to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees fress. \$2: Restricted Delivery (Extra charge)
	,86)	Ė	
3 Article Addressed to:		C 6.2	4. Article Number
LUCERNE PRODUCTS			071550471
7600 OLD EIGHT RD			Service:
HUDSON	ОН	44236	ered Insured
			led COD
			ss Wail for Merchandise
		, .	otain signature of addressee
^			or agent and DATE DELIVERED.
5 Signature - Addlessee	,		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent		-	
×			
7. Date of Delivery			
PS Form 3814 Apr 1989	+US.G.	PO 1989-238-815	DOMESTIC RETURN RECEIPT

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	9 3 and 4. Put your address in the "RETURN TO	D" Space on in receipt fee les the followice(s) reque ate, and add	the reverse s will provide wing services ested.	services are desired, and complete items is side. Failure to do this will prevent this card by you the name of the person delivered to and es are available. Consult postmaster for fees ddress. 2. Restricted Delivery (Extra charge)
1	3 Article Addressed to:			4. Article Number
	LUMINITE PRODUCTS	CORP		051550470
	115 ROCHESTER ST. SALAMANCA	NY	14719	ered Insured
			• .	ed COD s Mail Return Receipt for Merchandise
				otain signature of addressee or agent and DATE DELIVERED.
	5. Signature – Addressee		A TAY	8 Addressee's Address (ONLY if requested and fee paid)
	6. Bignature - Agent		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	7. Pate of Delivery 5-24	-93		
ļij	PS Form 3811, Apr. 1989	★ U.S.G.P.	0. 1969-238-815	DOMESTIC RETURN RECEIPT



26 FEDERAL PLAZA NEW YORK, NY 10278

ATTN: SUZANNE BECKER

1...1111.....1.11....11...1...1.11 1 1111

3 and 4. Put your address in the "RETURN TO" Sha	ace on the reverse s ipt fee will provide y following services requested.	services are desired, and complete items side. Failure to do this will prevent this card you the hame of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
LYN CONTRACTING CO. 221 HALLENE RD WARWICK RI	02887	Service: itered Insured fied COD ass Mail Return Receipt for Merchandise btain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressed X	<u></u>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	*****	
PS Form 3811, Apr. 1989 \ *U	.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

UNITED STATES PROTAL SERVICE 2904 PM 01/15/93 17:53-#13 OFFICIAL BUSINESS SENDER INSTRUCTIONS Print your name, address and ZIP Code in the space below. • Complete Items 1, 2, 3, and 4 on the 393 U.S.MAI reverse. Attach to front of article if space permits, otherwise affix to back of article. PENALTY FOR PRIVATE • Endorse article "Return Receipt USE. \$300 Requested" adjacent to number. RETURN Print Sender's name, address, and ZIP Code in the space bokers TO USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YURK NY 10278 ATTNI CHTANNE OFCUED

9 3 and 4. Put your address in the "RETURN TO" from being returned to you. The return return to you.	Space on the reverse secept fee will provide the following services e(s) requested. a, and addressee's addressee's	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
LYONS TRANSPORTATION 141 EAST 26TH ST	N PA 16504	Service: ered
Signature — Addressee X A G. Signature — Agent X 7. Date of Delivery	4-93	Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	* U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt

Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

9 3 and 4. Put your address in the "RETURN TO" S from being returned to you. The return red	pace on the reverse s ceipt fee will provide the following services s) requested. and addressee's add	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery
3. Article Addressed to:	<u> </u>	4. Article Number
MAINE YANKEE ATOMIC BAILEY'S POINT: WISCASSET	POWER ME 04578	s Mail Return Receipt for Merchandise tain signature of addressee
		or agent and DATE DELIVERED.
5. Signature Addressee	* 5	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature Agent 7. Data of Delivery 5 249	2007 13	
PS Form 3811, Apr. 1989	+ U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

reverse. Attach to front of article if space permits, otherwise affix to back of

article. • Endorse article "Return Receipt

Requested" adjacent to number.

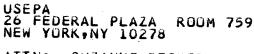
Print Sender's name, address, and ZIP Code in the space below.

U.S.MAIL

PENALTY FOR PRIVATE

USE, \$300



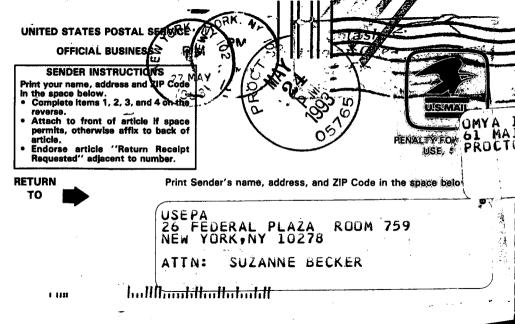


ATTN: SUZANNE BECKER

24 MAY

/993

SENDER: Complete items 1 and 2 when additional at 3 and 4. Put your address in the "RETURN TO" Space on the reverse a from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested. (Extra charge) 3. Article Addressed to:	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
NCMARBLE SHOP (PS) N ST N UT 05765	Type of Service: Registered Insured COD Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee X 6. Signature – Agent X 7. Date of Delivery 5.2493	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989 * *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



everse sid	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so tha return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the artic The Return Receipt will show to whom the article was delivered at delivered. Article Addressed to: Marc Equity Realty Associates c/o Peter Ruppar, Duke 2500 Main Place Tower Buffalo, NY 14202	f space cle number, nd the date 4a. Art P 35 4b. Sei □ Regi □ X Cert □ Expi	Consult postmaster for fee. icle Number 3 622 397 rvice Type stered
s your RETURN	5. Signature (Addressee) 6. Signature (Agent C	and	ressee's Address (Only if requested fee is paid)

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300



APR 2 8 1994

Print your name, address and ZIP Code here

U.S. ENVIRONMENTAL PROTECTION AGENCY

OFFICE OF . NEW YORK/CARILI

26 FEDERAL :

..... BRANCH



SENDER: Complete items 1 and 3 and 4. Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional fee and check box(es) for additional service 1. Show to whom delivered, dat (Extra character)	' Space on the reverse receipt fee will provide s the following services a(s) requested. e, and addressee's addre	side. Failure to do this will prevent you the name of the person deliver s are available. Consult postmaste
3. Article Addressed to:		4. Article Number
MARCOR OF NEW YORK 120 ELMGROVE PARK ROCHESTER	NY 14624	PO15504 Service: tered Insured ied COD ss Mail Return Ref for Merch btain signature of addres or agent and DATE DELIVERED.
5. Signature - Addressee		8. Addressee's Address (ONL)
X		requested and fee paid)
6. Signeture – Agent X Date of Delivery 5-24-9	teuz	
S Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete Items 1, 2, 3, and 4 on the

 Attach to front of article if space permits, otherwise affix to back of

article.
• Endorse article "Return Receipt

Requested" adjacent to number.

RDC NY 148 80 39 05/2

PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ATTN: SUZANNE BECKER

Ladilland Hadadall

1 1111

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	' Space on the reverse receipt fee will provide s the following service (s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
KEL CORPORATION DOL LANÉ RISTOWN PA	19404	ype of Service: Registered Insured Cortified COD Express Mail Receipt for Merchandise
		ways obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X 7. Date of Delivery	بر لم ب ج	
PS Form 3811 Apr 1989	+U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT

st.

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

PAVAPRA. · Attach to front of article if space

permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.

RETURN





USE, \$300

TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROUM 759**

SENDER: Complete items 1 and 2 wb additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide y the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional services.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
SEL MIRROR & GLASS PR O1 FOSTER AVE UKLYN NY 11236	pe of Service: Registered
5. Signature — Addressee X 6. Signature — Agent X	or agent and DATE SELIVERED. 8. Addresses (S Address (ONLY if requested and fee gaid)
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

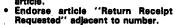
UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse. · Attach to front of article if space
- permits, otherwise affix to back of article.







PENALTY FOR PRIVATE USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

3 and 4. Put your add from being re the date of d and check be	ress in the "RETU eturned to you. The lelivery. For addition ox(es) for additions to whom deliver	RN TO" Spa return receinal fees the al service(s)	ice on the reverse ipt fee will provide following service requested.	e side. F e you th es are a	Failure to do the name of the vailable. Cons	is will prevent t	his card d to and for fees
3. Article A	ddressed to:			4.6	Article Number		.2
RTEC PLA 01 W.THO NTON	STICS IMPSON RD.		48430	[] r	e of Service: Registered Certified Express Mail	Insured COD Return Re	
				,	ays obtain sign gent and <u>DATE</u>	ature of address DELIVERED.	3 6 6
x X	e – Addressee Wyf I G e – fgent	uKer	√28F1		Addressee's A requested and f	Address (ONL) fee paid)	(if
7. Date of	Delivery	43	A MA				
PS Form 38	11. Apr. 1989	*** *U	.s.g. 6. 1989-238-8		DOME	STIC RETURN	RECEIPT

05/24/93 3111 FLINT MI 485 UNITED STATES POSTAL SERVICE OFFICIAL BUSINESS

SENDER INSTAUCTIONS Print your name, address and ZiP Code In the space below.

Complete Items 1, 2, 3, and 4 on the reverse. Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.

10451 06:41 05/27/9

PENALTY FOR PRIVATE USE, \$300

U.S.MAII

RETURN

Print Sender's name, address, and ZIP Code in the space below.

TO

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

ATTN: SUZANNE BECKER

	SENDER: Complete items 1 and 2 when additional s 3 and 4.	ervices are desired, and complete items
	Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide y the date of delivery. For additional fees the following services	ide. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
	and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's add (Extra charge)	(Extra charge)
	3. Article Addressed to:	4. Article Number P071 550 460
SSE	TANK DISPOSAL BASKIN DR MA 01020 OPEE MA 01020	ype of Service: ☐ Registered ☐ Insured ☐ CoD ☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
	,	Iways obtain signature of addressee or agent and DATE SELIVERED.
	5. Signature — Addressee X	8. Addressee's Address (QMAY if requested and fire paid)
ı	6. Signature Agent Culture 7. Date of Denivery	1993 MA
	PS Form 3811, Apr. 1989 *u.s.g.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of

article.
• Endorse article "Return Receipt

• Endorse article "Heturn Receip" Requested" adjacent to number.





RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK:NY 10278

SENDER: Complete items 1 and 3 and 4.	d 2 when	additional s	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt fee	will provide	side. Failure to do this will prevent this card you the name of the person delivered to and
the date of delivery. For additional feet	s the follow	wing services	s are available. Consult postmaster for fees
and check box(es) for additional services. 1. Show to whom delivered, dat			dress. 2. Restricted Delivery
(Extra cha			(Extra charge)
3. Article Addressed to:			4. Article Number
MCKAY PRESS, INC. 215 STATE STREET		. At	P071550455
		- Ş	Service:
MIDLAND	MI	48690	ered LInsured
			ed, ∐ COD
			s Mail Return Receipt for Merchandise
			tain signature of addressee
			or agent and DATE DELIVERED.
5. Signature - Addressee			8. Addressee's Address (ONLY if
X		:-3K	requested and fee paid)
6. Signature - Agent	1	4.	
Xfiller Con	//		17.
7. Date of Delivery	73		
PS Form 3811. Apr. 1989	+ U.S.G.P.	O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

reverse. Attach to front of article if space

permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.





USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA

26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**



SENDER: Complete items 1 and 3 and 4.	d 2 when auditional s	services are desired, and complete items
Put your address in the "RETURN TO"	Space on the reverse s receipt fee will provide y	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
and check box(es) for additional servic	e(s) requested.	•
1. Show to whom delivered, date (Extra cha.		dress. 2. Restricted Delivery (Extra charge)
3 Article Addressed to:		4. Article Number
MEAD CORP.		P071550454
CHICAGO CHESTER AVI	IL 60628	ervice:
		d COD
(s Mail Return Receipt for Merchandise
		tain signature of addressee
		or agent and DATE DELIVERED.
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
X		requested and jee pala)
6. Signature – Agent	1	
x XXV	<u></u>	
7. Date of Delivery		. Come
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1939-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

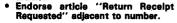
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return in	Space on the reverse specified will provide to the following services e(s) requested. e, and addressee's addressee's	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	7.65/	4. Article Number
MENTHOLATUM COMPANY	INC	P071550452
1360 NÍAGARA STREET BUFFALO	NY 14213	Service: ered Insured ed COD s Mail Return Receipt for Merchandise
		otain signature of addressee or agent and DATE DELIVERED.
5. Signature — Ardressee	M	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent		
7. Date of Delivery		
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

- ravarsa.
- Attach to front of article if space permits, otherwise affix to back of article.







PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA ZE FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

SENDER: Complete items 1 and 2 when additional s 3 and 4.	services are desired, and complete items		
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.			
1. ☐ Show to whom delivered, date, and addressee's add (Extra charge)	dress. 2. Restricted Delivery (Extra charge)		
3. Article Addressed to:	4. Article Number		
MERCHANTS BANK	P071550451		
1860 ERIE BLVD E SYRACUSE NY 13221	Service:		
	ied COD ss Mail Return Receipt for Merchandise		
	btain signature of addressee		
	or agent and DATE DELIVERED.		
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)		
X	requested and see palas		
6. Signature - Agent	1		
x ` <i>1></i>			
7. Date of Delivery 5124193	·		
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT		

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete Items 1, 2, 3, and 4 on the

- raverse. · Attach to front of article if space permits, otherwise affix to back of
- article. • Endorse article "Return Receipt
- Requested" adjacent to number.





RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA

26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

Put your address in the "RETURN TO".	Space on the reverse seceipt fee will provide the following services e(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra char		(Extra charge)
3. Article Addressed to:		4. Article Number
MERCURY AIRCRAFT IN	IC	P071550450
17 WHEELER AVE		Service:
HAMMONDSPORT.	NY 14840	ered Insured
		ed 🔲 COD
		* Return Receipt
. (for Merchandise
<u>'</u>	R	btain signature of addressee
		or agent and DATE DELIVERED.
5. Signature - Addressee		8. Addressee's Address (ONLY if
x		requested and fee paid)
		,
6. Signature – Agent	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
× James M. Lines	laki	
7. Date of Delivery	ð	
5/24/93 B	E	作一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一
PS Form 3811. Apr. 1989	+U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

OFFICIAL BUSINESS W ALWAYS

SENDER INSTRUCTIONS 24 MAY

Print your name, address and ZIP Code 93 in the space below.

• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

U.S.MAIL.

PENALTY FOR PRIVATE USE, \$300

RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery			
(Extra charge)	(Extra charge)		
3. Article Addressed to:	4. Article Number		
MERCY HOSPITAL 144 STATE STREET PORTLAND ME 04101	Service: tered		
	or egentiand DA IS DELIVERED.		
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery	18. Addressee's Address (ONLY if requisite) and fee paid)		
PS Form 3811. Apr. 1989 +U.S.G.P.O. 1989-238-819	DOMESTIC RETURN RECEIPT		

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UNITED STATES POSTAL SERVICE

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



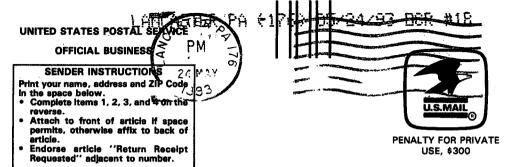
RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 3 and 4.	id 2 wher	n additional s	services are desired, and complete items
3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.			
1. ☐ Show to whom delivered, dat (Extra cha	te, and ad		dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
MERIDIAN PRODUCTS			P071550448 Service:
124 EARLAND DRIVE NEW HOLLAND	PA	17557	tered Insured
		₩ 38.64	ied
*.		- P. C.	btain signature of addressee
			or agent and DATE DELIVERED.
5. Signature — Addressee	•	Sar.	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent			
7. Date of Delivery	49	3	
PS Form 3811, Apr. 1989	+ U.S.G.P	.O. 1989-238-815	DOMESTIC RETURN RECEIPT



TO TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278 ATTN: SUZANNE BECKER

1 11:4

Put your address in the "RETURN TO"	Space on the reverse secept fee will provide state of the following services e(s) requested. a, and addressee's addressee's addressee's	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
METAL FINISHING TEC 60 WOOSTER COURT FORESTVILLE	H• CT 06010	Pon 550 447 Service: ered Insured ed Cod ss Mail Receipt for Merchandise btain signature of addressee
		or agent and DATE DELIVERED.
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agenty X Sture Ludan		
7. Øate of Delivery	1993	
PS Form 3811, Apr. 1989	±U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete Items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.
 Endorse article "Return Receipt

Requested" adjacent to number.





RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

ROOM 759

USEPA 26 FEDERAL PLAZA NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additional s 3 and 4.		
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card		
from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services	you the name of the person delivered to and	
and check box(es) for additional service(s) requested.	are available. Consuit postinaster for fees	
1. Show to whom delivered, date, and addressee's add	Iress. 2. 🗆 Restricted Delivery	
(Extra charge)	(Extra charge)	
3. Article Addressed to:	4: Article Number	
METALADE, INC. (PS)	P071550446	
METALADE, INC. (PS) 39 COMMERCE DR ROCHESTER NY 14623	Service:	
ROCHESTER NY 14623	ered Insured	
N1 14025	ed COD	
,	Return Receipt	
	s Mail for Merchandise	
	ptain signature of addressee	
	or agent and DATE DELIVERED.	
5. Signature — Addressee	8. Addressee's Address (ONLY if	
x o	requested and fee paid)	
6. Signature – Agent		
x By TW		
7. Date of Delivery		
	•	

PŠ Form 3811, Apr. 1989

★U.S.G.P.O. 1989-238-815

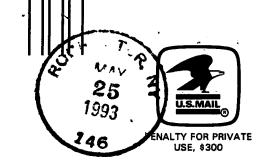
DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- The space below.
 Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

3 and 4. Put your address in the "RETURN To from being returned to you. The returned to you.	O" Space on the reverse rn receipt fee will provide ees the following services vice(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and sare available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
GAN LIMESTONE GALCITE RD S CITY MI	49779	Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent	P ν	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Belivery	95	
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT

R

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below. Complete items 1, 2, 3, and 4 on the

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt

Requested" adjacent to number.



PENALTY FORERIV USE. \$300

Print Sender's name, address, and ZIP Code in the space below.

RETURN TO

1 1111

reverse.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ATTN: SUZANNE BECKER

1...[[][....].[]...[]...[.]...[.[]

	SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide	side. Failure to do this will prevent this card
	the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	are available. Consult postmaster for fees
	3. Article Addressed to:	4. Article Number
HI BC OS	GAN MAPLE BLOCK CO DX 245 STANDISH AVE SKY MI 49770	Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchandise
		Always obtain signature of addressee or agent and DATE DELIVERED.
	5. Signáture — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
	6. Signature - Agent X Jack Smilesoup	
i I	7. Date of Delivery 5 - 2 4 - 9 3	
!	DC Enrm 2811 Apr. 1090 +115 GPO 1080-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt





PENALTY FOR PRIVATE USE. \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

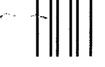
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return re	Space on the reverse seceipt fee will provide the following services (s) requested, and addressee's addressee's addressee's	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dess. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4 Article Number PO71 550 442
OSS DIV OF PIERCE CO- SHERWOOD AVE INGDALE NY I	.1735	Type of Service: Registered Insured Certified COD Express Mail Tor Merchandise
		Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature Addressee X 6. Signature — Agent	5/24/94	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	MAY 24 199	3
PS Form 3811 Apr 1080	+ILS G PO 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



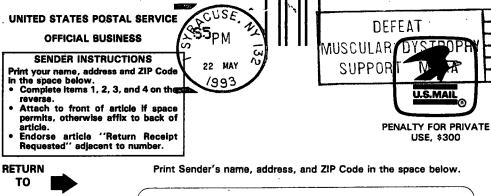


RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA

26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

	SENDER: Complete items 1 and 3 and 4.	d 27 when additional s	services are desired, and complete items
	Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional fees	receipt fee will provide y the following services	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
	and check box(es) for additional servic 1. Show to whom delivered, date (Extra chair	e, and addressee's add	irëss. 2. ☐ Restricted Delivery (Extra charge)
	3. Article Addressed to:		4. Article Number
ΙĻ	. , 0 = 2	in the same of the	P071550 439
	/HIGHBRIDGE ROAD		Type Service:
ET	[VILLE NY	13066	Registered Insured
		ر	☐ Certified ☐ COD
		÷	Express Mail Return Receipt for Merchandise
			Always obtain signature of addressee
			or agent and DATE DELIVERED.
	5. Şignature — Addressee		8. Addressee's Address (ONLY if
	x Dannelin	1	requested and fee paid)
	6. Signature - Agent	/ 	
	x Dans (Wh	,	
l	TUV W U I S		**. q
İ	7. Date of Delivery	_	7
	5/22/93		
	PS Form 6811 , Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 3 and 4.	2 wben additional s	services are desired, and complete items
Put your address in the "RETURN TO"	eceipt fee will provide the following services e(s) requested. , and addressee's add	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
OMERY WIRE CO. ETON INDUSTRIAL PK ETON NH (03501	Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee		8. Addressee's Address (ONLY if
X		requested and fee paid)
6. Signature - Agent X Share of Delivery 7. Date of Delivery		
PS Form 3,811, Apr. 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

G

.ICT UT 05001. 05/25/93 UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZiP Code In the space below. . Complete items 1, 2, 3, and 4 on the

FRVATSA. · Attach to front of article if space

permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.



RETURN

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

3 and 4. Put your address in the "RETURN TO	O" Space on the reverse s on receipt fee will provide ses the following services vice(s) requested. late, and addressee's add	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	·	4. Article Number
MEDICAL DISPOSAL 899 FERN HILL RD WEST CHESTER	SERVICES PA 19380	ervice: ered
	^	tain signature of addressee and DATE DELIVERED.
5 Signature — Addressee 6 Signature — Agent X 7. Date of Delivery	3+4+ -27-23	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- the space below.
 Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

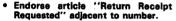
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	3 and 4. Put your address in the "RETURN TO from being returned to you. The returned to date of delivery. For additional feand check box(es) for additional serventees.	"Space on to receipt fee westhe following its land address and add	he reverse s vill provide ing services ted.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
	3. Article Addressed to:			4. Article Number
A N	L SEA PRODUCTS IER AVE NUTH NH C	3801		Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always-obtain signature of addressee
	5. Signature — Addressee		79	8. Addressee's Address (ONLY if requested and fee paid)
	6. Signature Agent	$ >_{ -} $		
	7 bate of Delivery 5/21	1/53	•	DOMESTIC RETURN RECEIPT
	PS Form 3811, Apr. 1989	★ U.S.G.P.O.	1989-238-815	DUMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete items 1, 2, 3, and 4 on the reverse.
- · Attach to front of article if space permits, otherwise affix to back of article.



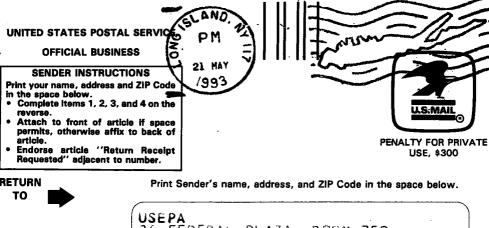


RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

3 and 4. Put your address in the RETU from being returned to you. The the date drade you. For additionand check box as for additional Show to whom deliver.	RN TO Space on the reverse return receipt fee will provide onal fees the following service	- (Extra charge)
3. Article Addressed to:		4. Article Number PO71 550 424
RE'S BOUNTY INC. DRVILLE DR NY	11716	Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery). m	Addressee's Address (ONLY if requested and fee paid)
3811, Apr. 1989	+U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT



RETURN

26 FEDERAL PLAZA ROUM 759 NEW YORK, NY 10278 ATTN: SUZANNE BECKER

on the reverse side	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write 'Return Receipt Requested' on the mailpiece below the artice. The Return Receipt will show to whom the article was delivered ard delivered. Article Addressed to:	space cle numbe nd the dat	1. Addressee's Address				
	NIAGARA CUTTER SERVICE CENTER P.O. BOX 279 REYNOLDSVILLE PA 1585	R 1	P. 3.53 158 QOD Price Type Insured Insured COD COD Merchandise Insured		5. Signature (Addressee) 6. Signature (Agent) 7. Signature (Agent) 8. Signature (Agent) 9. Signature (Addressee)	8. Ad	5-20-93 Alg dressee's Address (Only if requested d fee is paid)
	PS Form 291 1, December 1991 + U.S. GPO: 1992-323	-402	DOMESTIC RETURN RECEIPT				

В

UNITED STATES POSTAL SERVICE

Official Business





Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

on the reverse side	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the artic. The Return Receipt will show to whom the article was delivered at delivered.	spa cle ni nd th	ce umber. e date	following fee): 1. 2. Consult	Addres Restric	ces (for ssee's /	
ted	NIAGARA DEVELOPMENT & MFG. CONTROL OF STREET O		i J. ji t	vice Type stered ified ess Mail	Ins	sured DD	aceipt for
VOLIT RETURN A		8.	and	fee is paid	1)		f requested
2	PS Form 3811 , December 1991 ±u.s. GPO: 1992—323	-402	D	OMESTI	C RET	TURN	RECEIPT



Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278 ATTN: MS. SUZANNE BECKER

-	SENDER: Complete items 1 and 2 when additional s 3 and 4.	ervices are desired, and complete items
	Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services	ou the name of the person delivered to and
	and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's add (Extra charge)	(Extra charge)
	3. Article Addressed to:	4. Article Number P071 550 431
) A	TRANSFORMER CORP.	Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandise
_		Always obtain signature of addressee or agent and DATE OF THERED.
	5. Signature Addressee X Addressee	8. Address of Address BNLY if requested and fee And
	6. Signature — Agent X	1993 S
	7. Date of Delivery	USPS
	1989 ± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- the space below.
 Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

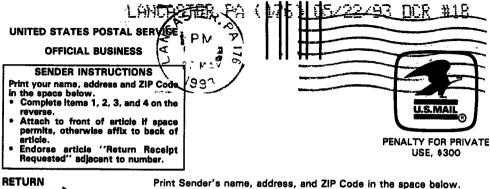
ROOM 759

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK,NY 10278

SENDER: Gomplete items 1 and 3 and 4.	1.2 when addition	al services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return; the date of delivery. For additional fees and check box(es) for additional services. 1. Show to whom delivered, date	receipt fee will provi the following servi e(s) requested. e, and addressee's	
(Extra chai	rge)	(Extra charge)
3. Article Addressed to:		4. Article Number
		\$ PO71550398
PAUL B. ZIMMERMAN 295 WOODCORNER RD LITITZ	PA 1754	ervice; ered () □ Insured ed □ COD s Mail □ Return Receipt for Merchandise
		tain signature of addressee
		or agent and DATE DELIVERED.
5. Signature — Addressee **Imas M. Pleus 6. Signature — Agent	lollar	8. Addressee's Address (ONLY if requested and fee paid)
X		
7. Date of parvery 5/33/	? ?3	
PS Form 3811, Apr. 1989	±U.S.G.P.O. 1989-238	-815 DOMESTIC RETURN RECEIPT



TO

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759** ATTN: SUZANNE BECKER

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SENDER: Complete items 1 and 2 when additional a 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receiptures will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service(s) requested.	side Failure to do this will present this card wou the name of the person delivered so and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
SHORE LABS INC. X 568, 4044 ENDICOTT STRE MA 01960	Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise
<u> </u>	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X / White for the signature of Delivery	
PS Form 38.11 Apr 1989 +119-570 1989-238-818	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE. \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

SENDER: Complete items 1 and 2 3 and 4. Put your address in the "RETURN TO" Spa from being returned to you. The return receive the date of delivery. For additional fees the and check box(es) for additional service(s) 1. Show to whom delivered, date, reference the service of	e will provide	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number Po71550399
PASSAIC ENGRAVING CO 41 BROOK AVE PASSAIC N	0. INC 07055	ervice: red Insured I COD Mail Return Receipt for Merchandise
		or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery	<	8. Addressee's Address (ONLY if requested and fee paid)
MAY 2.4 1993	S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



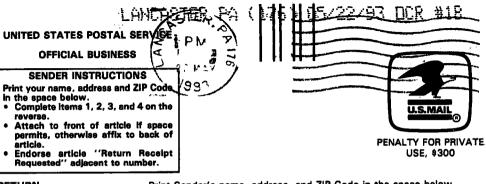


RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK:NY 10278

3 and 4.		services are desired, and complete items
I from being returned to you. The return	receipt fee will provide s the following services ce(s) requested. te, and addressee's add	side. Failure to do this will prevent this card you the name of the person delivered to and is are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
PAUL B. ZIMMERMAN 295 WOODCORNER RD LITITZ	PA 17543	police: ered
		or agent and DATE DELIVERED.
5. Signature — Addressee X Long M. Plex 6. Signature — Agent X 7. Date of Polivery	lollo.	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



TO TO

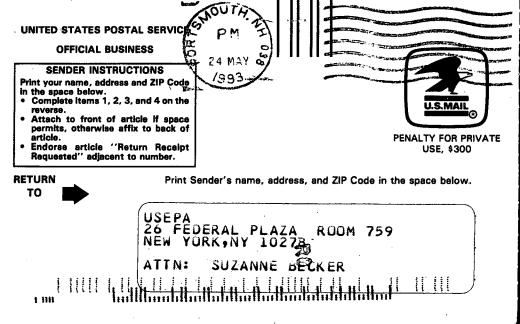
Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

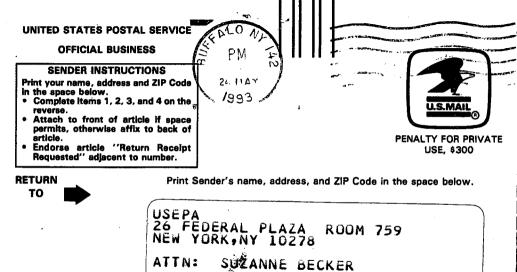
ATTN: SUZANNE BECKER

i Agin

3 and 4. Put your address in the "RETURN TO"	"Space on the reverse s receipt fee will provide so the following services ce(s) requested. te, and addressee's add	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number P071550397
PEASE A.F.B. BLDG 93 PEASE AIR FORCE B	NH 03803	ervice:
		and DATE DELIVERED.
5. Signature – Addresses	,	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent RC		
7. Date of Delivery	-24-57	
PS Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



9 and 4. Put your address in the "RETURN TO" from being returned to you. The return	Space on the reverse receipt fee will provide the following services sets) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and sare available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	443	4. Article Number PO17550396
PEERLESS WINSMITH, 172 EATON ST SPRINGVILLE	INC NY 14141	Service: tered Insured ied COD ss Mail Return Receipt for Merchandise btain signature of addressee and DATE DELIVERED.
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X 7. Date of Delivery	(w) 1-93	· · · · · · · · · · · · · · · · · · ·
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT



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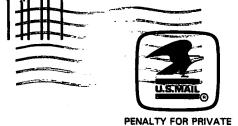
SENDER: Complete items 1 an 3 and 4.	d 2 when additional	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt fee will provide s the following services ce(s) requested. te, and addressee's ad	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
PENN TANK 237 MC ALEES RD SEWICKLEY	PA 15143	PO71550395 Setvice: ared
5. Signature - Addressee		8. Addressee's Address (ONLY if
×		requested and fee paid)
A Signature - Agent X B Sunn 7. Date of Delivery	93	
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT



Print your name, address and VIP Code !

in the space below. . Complete items 1, 2, 3, and 4 on the reverse. Attach to front of article if space permits, otherwise affix to back of

article. • Endorse article "Return Receipt Requested" adjacent to number.



USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

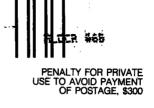
USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759** ATTN: SUZANNE BECKER

HI 1885

on the reverse side	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back is does not permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered a delivered.	f space cle number	following fee): 1. 2.		Delivery	 aceint Service
eted c	3. Article Addressed to:		ticle Number 353	158	203	
DOBESS comp	PENNSYLVANIA PRESSED METAL P.O. BOX 271 EMPORIUM PA 15		e Type red d Mail	Mercha	Receipt for andise	
our RETURN A	(5. Signature (Addressee) 6. Signature (Agent)				y if requeste	ld Thank vo
S VO	PS Form 3811, December 1991 + u.s. GPO: 1992-323	3-402 D	OMESTI	C RETUR	N RECEIP	r

UNITED STATES POSTAL SERVICE

Official Business





Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 a 3 and 4.	and 2 wher	additional	services are desired, and complete items
Put your address in the "RETURN TO from being returned to you. The return	rn receipt fee ees the follo vice(s) reque ate, and ad	will provide wing services ested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
ERRIOGRAPHICS 1800 DORAL RD AUKESHA	ΝΊ	53186	Services tered
E Cimpating Addresses			and DATE DELIVERED.
5. Signature – Addressee X			8. Addressee's Address (ONLY if requested and fee paid)
	obe		$\frac{\partial}{\partial x}$
7. Date of Delivery		100	· W
C E 2911 Am 1000	+HCCD	A 1000 220 015	DOMESTIC DETLIDA DECEIDO

PS Form 3871, Apr. 1989 **★ U.S.G.P.O. 1989-238-815** DOMESTIC RETORM RECEIL

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete items 1, 2, 3, and 4 on the
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

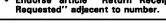
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 a 3 and 4.	and 2 when additional	services are desired, and complete items
from being returned to you. The retur	n receipt fee will provide	side. Failure to do this will prevent this card you the name of the person delivered to and
the date of delivery. For additional fe	es the following services	s are available. Consult postmaster for fees
1. ☐ Show to whom delivered, d (Extra c	ate, and addressee's add	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
DETROI EUM FUEL S	TOUT	P071550393
PETROLEUM FUEL & 54 RIVERSIDE AVE	IEKWI 🥳	ervice:
RENSSELAER	NY 12144	red Insured
	*** ****	O . D COD
		s Mail Return Receipt for Merchandise
[tain signature of addressee
	<u> </u>	and DATE DELIVERED.
5. Signature — Addressee	0.4	8. Addressee's Address (ONLY if
x Joyn Wewe	ll,	requested and fee paid)
6. Signature — Agent	107	
x 32	y	
7. Date of Delivery	/\	
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the

- reverse. · Attach to front of article if space permits, otherwise affix to back of
- article. • Endorse article "Return Receipt





PENALTY FOR PRIVATE USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	' Space on the reverse : receipt fee will provide s the following services: ce(s) requested. e, and addressee's ad	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	- -	4. Article Number
PHIL'S SERVICE START 9 WEST & WILLOW	TION	P071550398
RT 9 WEST & WILLOW CORNWALL	RD NY 12518	ervice: red
		or agent and DATE DELIVERED.
5. Signature Addressee X. M. Addressee 6. Signature — Agent X. M. Addressee		8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 5-22-93	<u> </u>	
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

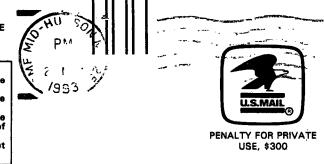
2.7

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete Items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278 ATTN: SUZANNE BECKER

41 1 1 1 1 1 1

PS Form 3811, Apr. 1989 +u.s.	.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT
Date of Delivery		1 1111 111 111 111 111
x Chan Juan		1993
X 6. Signature — Mgént		requested and fee paid) MAY
5. Signature — Addressee		8. Addressee's Address (ONLY)
, , , , , , , , , , , , , , , , , , ,		or agent and DATE DELIVERED
		obtain signature of addressee
		fied COD ess Mail Return Receipt
MONTGOMERY VILLE PA	18936	stered Insured
PHILADELPHIA RESINS		Service:
		0071550391
3. Article Addressed to:		4. Article Number
1. Show to whom delivered, date, and (Extra charge)		dress. 2. Restricted Delivery (Extra charge)
the date of delivery. For additional fees the tand check box(es) for additional service(s) re	ollowing services	are available. Consult postmaster for fees
Put your address in the "RETURN TO" Spac from being returned to you. The return receip	t fee will provide	you the name of the person delivered to and
3 and 4.		services are desired, and complete items
CENDED, Complete Server 1 and 2	.ham additional .	andrea are destrolled and the first

SENDER INSTRUCTIONS

Print your name, address and ZIP Code
In the space below.

Complete items 1, 2, 3, and 4 on the
reverse.

Attach to front of article if space
permits, otherwise affix to back of

• Endorse article "Return Receipt

Requested" adjacent to number.



RETURN TO

article.

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

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SENDER: Complete items 1 a 3 and 4.	nd 2 whe	n additional	services are desired, and complete items
Put your address in the "RETURN TO	n receipt fe es the folk ice(s) requ	e will provide owing services bested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra ch			(Extra charge)
3. Article Addressed to:			4. Article Number
		. 	P071550390
PIONEER PLASTICS ONE PRONITE RD AUBURN	ME	04211	Service: ered Insured ed COD s Mail Frequency Receipt for Merchandise
·	· · · · · · · · · · · · · · · · · · ·		or agent and DATE DELIVERED.
5. Signature – Addressae 8. Signature – Agent	1		8. Addressee's Address (ONLY if requested and fee paid)
x //			
7. Date of Delivery 5/24-193 m. tus	all		
S Form 3811, Apr. 1989	0.S.G.P	.O. 1989-238-815	DOMESTIC RETURN RECEIPT

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SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

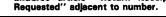
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ALC: A CONTRACT OF THE CONTRAC	
SENDER: Complete items 1 and 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt se will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
1. ☐ Show to whom delivered, date, and addressee's add (Extra charge)	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
PLAINVILLE ELECTROPLATING CO 21 FORESTVILLE AVE PLAINVILLE CT 06062	P071550389
21 FORESTVILLE AVE	Service:
PLAINVILLE CT 06062	tered Unsured
	ied 📙 COD
	ss Mail Return Receipt for Merchandise
	btain signature of addressee
	or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if
X o /	requested and fee paid)
6. Signature - Alent	<i>0</i> ,
k Colon to the are	
7. Date of Delivery 5/7 4/97	<i>:</i>
5/2/1/5	
PS Form 3811, Apr. 1989 *u.s.g.p.o. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the ravarsa.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt







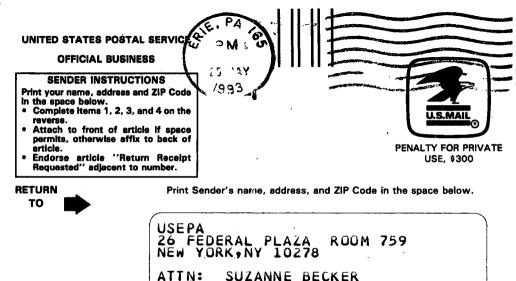
RETURN

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

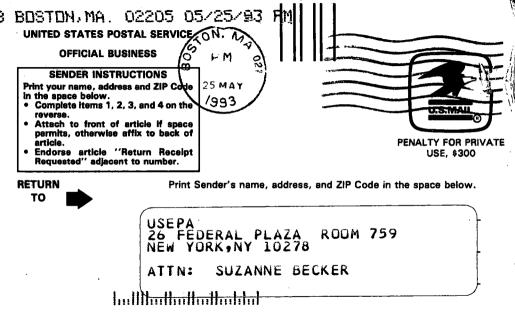
3 and 4.		services are desired, and complete items
I from being returned to you. The return re	ceipt fee will provide	side. Failure to do this will prevent this card you the name of the person delivered to and
and check box(es) for additional service	(s) requested.	s are available. Consult postmaster for fees
1. ☐ Show to whom delivered, date, (Extra charge		dress. 2. Restricted Delivery (Extra charge)
		1 Article Number
THE PLASTEK GROUP 2310 PITTSBURGH AVE	• •	PO71550090
ERIE PITESBURGH AVE	PA 16502	ervice:
		ed □ COD
		s Maji Return Receipt for Merchandise
		Always obtain signature of addressee
,		or agent and <u>DATE DELIVERED</u> .
5. Signature - Addressee		8. Addressee's Address (ONLY if
X / C		requested and fee paid)
Signature - Agent	.	
* times enterous	gu _	,
7 Days of Delivery	124-93	
PS Form 3811 , Apr. 1989	+ U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



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AMS...

	SENDER: Complete items 1 and 2 when additional set 3 and 4.	
	Put your address in the "'RETURN TO" Space on the reverse si from being returned to you. The return receipt fee will provide y the date of delivery. For additional fees the following services	ou the name of the person delivered to and
	and check box(es) for additional service(s) requested. 1. ☐ Show to whom delivered, date, and addressee's additional (Extra charge)	·
1	3. Article Addressed to:	4. Article Number
	PLATING FOR ELECTRONICS ING	POT1550387
	WALTHAM MA 02254	service: ered Insured
	7.	ed COD s Mail
	Opposite Contract of the Contr	stain signature of addressee
1		or agent and DATE DELIVERED.
	5. Signature — Addressee X. (MUM Standardar)	8. Addressee's Address (ONL) requested and fee paid)
	6. Signature -/Agent	The WEA
	7. Date of Delivery	1093
	PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN DECEIPT



SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse serior being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional services.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
PLASTIGLIDE MFG. CORP	P071550398
105 PROGRESS LANE	Service:
WATERBURY CT 06705	ered Insured ed COD Return Receipt
₹ 3	s Mail Heturn Beceipt for Merchandise
`	otain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee	Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent	5/25
7. Date of Delivery	/
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

- reverse. Attach to front of article if space permits, otherwise affix to back of
- article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PENA USE. \$300

U.S.MAII

RETURN TO

.1

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

	3 and 4. Put your address in the "RETURN TO"	"Space on the reverse a receipt fee will provide as the following services ce(s) requested. te, and addressee's addressee's addressee's	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
	3. Article Addressed to:		4. Article Number PO71 550 H03
Ī	PRODUCTS NTRAL STREET R ME	04401;	Type of Service: Registered Insured Certified COD Express Mail Receipt for Merchandise
	: 6)	^	Always obtain signature of addressee or agent and DATE DELIVERED.
,	5. Signature — Addressee X. Jue Coollists 6. Signature — Agent X	4	8. Addressee's Address (ONLY if requested and fee paid)
	7. Date of Delivery	4 1993	
	PS Form 3811. Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article ''Return Receipt Requested'' adjacent to number.





RETURN TO

>

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

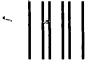
Put your address in the RETURN TO" from being returned to you. The return re	Space on the reverse s receipt fee will provide y s the following services e(s) requested. e, and addressee's add	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
PLY GEMS 701 NORTH BROADWAY GLOUCESTER CITY	NJ 08030	POT1550 386 Service: ered
5. Signature - Addressee		8. Addressee's Address (ONLY if
x		requested and fee paid)
6. Signature – Agent X Jad Salvid 7. Date of Delivery 5-24-93		
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIFT

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA RODM 759 NEW YORK NY 10278

SENDER: Complete items 1 an 3 and 4.	d 2 when additional	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional fee	receipt fee will provide s the following services	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
and check box(es) for additional service 1. Show to whom delivered, dat (Extra character)	e, and addressee's ad	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
ION SOLUTIONS		P071 550 385
TON VT O	5495	Type of Service: Registered Insured Certified COD Express Mail for Merchandise
		Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee	X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent		
x		
7. Date of Delivery		,
PS Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

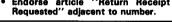
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SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. · Complete items 1, 2, 3, and 4 on the ravarsa

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt





PENALTY FOR PRIVATE USE. \$300

RETURN TO



1 1166

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

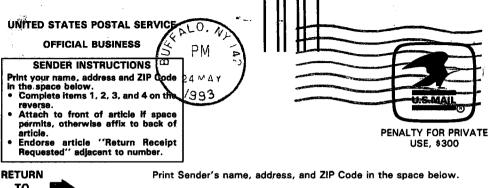
side	SENDER: • Complete items 1 and/or 2 for additional services.				receive the	ď
erse	 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. 	nat we can	fee):	,	for an extra	Zici
9	 Attach this form to the front of the mailpiece, or on the back does not permit. 		1	Addressee	's Address	Š
in the	 Write "Return Receipt Requested" on the mailpiece below the at The Return Receipt will show to whom the article was delivered delivered. 			Restricted postmaster	•	Propir
9	3. Article Addressed to:	4a An	ticle Numb	er		<u> </u>
	DOTALCE DURBER & PLASTIC CO.	,	P353	158	204	
	PRINCE RUBBER & PLASTIC CO. 137 ARTHUR STREET	- 1	rvice Type istered	☐ Insure	4	ă
	BUFFALO NY 1421	J/		_	•	Ş
		. i	tified ress Mail		Receipt for andise	' nair
AD	John Gudonin	7. Date	e of Delive	5/2	0	4
TURN	5. Signature (Addressee)	8. Add and	fressee's A fee is paid	ddress (On I)	ly if requested	Lone L
er RE	6. Signature (Agent)		4 (1)			-
S VG	PS Form 3811, December 1991 + U.S. GPO: 1992-3	23-402 D	OMESTI	C RETUR	N RECEIPT	Ī



Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278 ATTN: MS. SUZANNE BECKER

SENDER: Complete items 1 3 and 4.	and 2 when additional	services are desired, and complete items
Put your address in the "RETURN of from being returned to you. The returned to delivery. For additional and check box(es) for additional set. Show to whom delivered,	urn receipt fee will provide fees the following services rvice(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
	charge)	, , , , , , , , , , , , , , , , , , , ,
3. Article Addressed to:		4. Article Number
ECTIVE CLOSURES CO,	, 1	PO71 550 375 Type of Service:
ALO NY	14207	☐ Registered ☐ Insured
	4.6	☐ Certified ☐ COD
		Express Mail - Return Receipt for Merchandise
	J.,	Always obtain signature of addressee
		or agent and DATE DELIVERED.
5. Signature - Addressee		8. Addressee's Address (ONLY if
x		requested and fee paid)
6. Signature - Agent		
x cm /-	715	
7. Date of Delivery		
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



TO

USEPA ROOM 759 26 FEDERAL PLAZA NEW YORK, NY 10278 ATTN: SUZANNE BECKER



on the reverse side	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered at delivered.	space cle nu	e mber. date	following fee): 1. 2.	services (Addressee Restricted postmaster	, · ·	Pacaint Service
P	3. Article Addressed to:	48.	AIL		158	206	
	PURE CARBON CO. EAST SECOND STREET COUDERSPORT PA 1691	5	gi rt or	vice Type stered ified ess Mail	☐ Insured ☐ COD ☐ Return Merch	Receipt for	· Dollar Dot
A				5	20-93		_ {
our RETURN		8.		ressee's A fee is paid		ly if requested	1 1
_ X	P9 Form 3811, December 1991 #U.S. GPO: 1992-323	402	D	OMESTI	C RETUR	N RECEIPT	Ē

Official Business

Official Busi

Print your name, address and ZIP Code here

J. ' .

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

7.		<u> </u>
20	SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ad (Extra charge)	side. Failure to do this will prevent this card you the name of the person delivered to and is are available. Consult postmaster for fees
SSIS	3. Article Addressed to:	Article Number
PUR OLA	ATOR PRODUCTS ACLE MILE NY 14903	Type of Service: Begistered
your		or agent and DATE DELIVERED EG/6
is your	5. Signature — Addressee	8. Addressee's Address OLY is requested and fee paid.
8	6. Signature — Agent X. Ken W	MAY 25 1993 1993
	MAY 2 5 1993	(SP8
	P\$ Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space permits, otherwise affix to back of
- article.

 Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

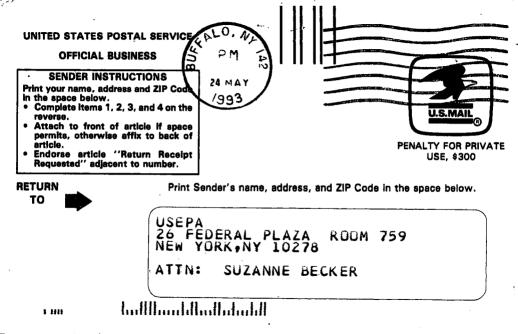
RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional services.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number P071550043
R.E. CHAPIN MANUFACTURING 700 ELLICOTT ST./PD 549 BATAVIA NY 14020	Service: tered Insured edt COD ss Mail Return Receipt for Merchandise
	otain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X 5/24/93	
7. Date of Delivery	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



		w. Kita		
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)				
3. Article Addressed to:			4. Article Number	
RALSTON PURINA 3800 MIDDLE RD DUNKIRK	NY	14048	ervice: Insured	
			or agent and DATE DELIVERED.	
5. Signature — Addressee X 6. Signature — Agent X // Language 7. Date of Delivery	C.YY Cab		8. Addressee's Address (ONLY if requested and fee paid)	
PS Form 3811, Apr. 1989	± U.S.G.P.O.	. 1989-238-81	DOMESTIC RETURN RECEIPT	

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space permits, otherwise affix to back of
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK:NY 10278

ATTN: SUZANNE BECKER



	(
SENDER: Complete items 1 and 2 when additional a 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
RAMAPO-CATSKILL LIBRARY SYSTE 619 NORTH ST MIDDLETOWN NY 10940	P071550045 ervice: red □ Insured
	or agent and DATE DELIVERED.
5. Signature – Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
x , //////	
7. Date of Delivery	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
Complete items 1, 2, 3, and 4 on the reverse.
Attach to front of article if space permits, otherwise affix to back of article.
Endorse article "Return Receipt Requested" adjacent to number.





Print Sender's name, address, and ZIP Code in the space below.

TO TO

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

d on the reverse side	SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that return this card to you. • Attach this form to the front of the mailpiece, or on the back it does not permit. • Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to:	f spac cle nu nd the	mber.	following fee): 1. 2. Consult icle Numb		ee's A ed Deli	an extra ddress very fee.	n Receipt Service
2	RANCO INDUSTRIES 600 SINCLAIR BLVD SINCLAIRVILLE NY 147	82	نم م	vice Type stered fied ess Mail of Delive	☐ Insu ☐ COD ☐ Retu Mere	red	208	for using Return
Your RETUBN A	5., Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 *U.S. GPO: 1992—323		and	fee is paid	d) 		requested	Thank you

UNITED STATES POSTAL SERVICE

Official Business





Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA NEW YORK: NY 10278

SENDER: Complete items 3 and 4.	1 and 2 when additional	services are desired, and complete items
Put your address in the "RETUP	IN TO" Space on the reverse return receipt fee will provide	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
the date of delivery. For addition and check box(es) for additional	hal fees the following service: I service(s) requested.	s are available. Consult postmaster for fees
1. □ Show to whom delivers	d, date, and addressee's ad tra charge)	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
READING REHAB. H	OSPITAL	P071550046
RD 1 BOX 250	1	Service:
READING	PA 19607	stered Unsured
		ified COD ess Mail Return Receipt for Merchandise
		optain signature of addressee
		for agent and <u>DATE DELIVERED</u> .
5. Signature Addresses		8. Addressee's Address (ONLY if
X	4	requested and fee paid)
6. Signature - Agent	7.0	
×	7,5	
7. Date of Delivery	a 7	•
5 22	7/ 00	
PS Form 3811, Apr. 1989	+U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT



/993

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete Items 1, 2, 3, and 4 on the

- reverse. · Attach to front of article if space permits, otherwise affix to back of
- article. • Endorse article "Return Receipt Requested" adjacent to number.

U.S.MAIL PENALTY FOR PRIVATE USE. \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

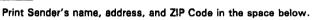
SENDER: Complete items 1 and 3 and 4.	d 2 when additional se	ervices are desired, and complete items
Put your address in the "RETURN TO"		de. Failure to do this will prevent this card
the date of delivery For additional feet	receipt fee will provide y	ou the name of the person delivered to and are available. Consult postmaster for fees
and check box(es) for additional service	e(s) requested.	
1. ☐ Show to whom delivered, dat (Extra cha		ress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
DEALTY, ENGINEEDING	n.*	P071550047
REALTY ENGINEERING	PO BOX 622	Service:
PINEBROOK	NJ 07058	ered Insured
		ed L COD
		ss Mail Return Receipt for Merchandise
		btain signature of addressee
	60	or agent and DATE DELIVERED.
5. Signature / Addresses/	8	8. Andressee's Address (ONLY if
x/ Clerken		My returned and fee paid)
6. Signature - Agent	6/9	
\mathbf{x}'	1 1 256	
7. Date of Delivery	1 \ 5	
	USP	
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





U.S.MAI

PENALTY FOR PRIVATE

USE, \$300



USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and/or 2 for additional service. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	space 1. Addressee's Address cle number. d the date Consult postmaster for fee.
REDCOM LABORATORIES, INC 1 REDCOM CENTER VICTOR NY 14564	4a. Article Number P 35.3 158 209 ervice Type pistered Insured
5. Signature (Addressee) 6. Signature (Agent) Application (Agent) App	8. Addressee's Address (Only if requested and fee is paid) 402 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE





Official Business

Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

SENDER: Complete items 1 and 2 wten additional 3 and 4.	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ad (Extra charge)	you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
	P71550048
RELIABLE METAL FINISHING 3204 16TH STREET IL 60099	Service: tered Insured ied COD ss Mail for Merchandise
	or agent and DATE DELIVERED.
5. Signature — Addressee X - H	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery 5-24-93	
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. · Complete items 1, 2, 3, and 4 on the reverse.

- · Attach to front of article if space permits, otherwise affix to back of
- article. • Endorse article "Return Receipt
- Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN

Print Sender's name, address, and ZIP Code in the space below.



26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

SUZANNE BECKER ATTN:

3 and 4. Put your address in the "RETURN from being returned to you. The ret the date of delivery. For additional and check box(es) for additional s. 1. □ Show to whom delivered,	TO" Space on th turn receipt fee w fees the followinervice(s) requeste	e reverse sid ill provide yo ng services a	de. Failure to do this will prevent this card the name of the person delivered to and are available. Consult postmaster for fees ess. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		1	4. Article Number
REMLEY & COMPANY 3816 DAK ORCHARD ALBION	RD NY 1	4411	Service Insured tered COD Set Mail Return Receipt for Merchandise btain signature of addressee
			or agent and DATE DELIVERED.
5. Signature - Addressee X	43		8. Addressee's Address (ONLY if requested and fee paid)
30 5 3011 A 1000			201120210 25711211 250512

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.



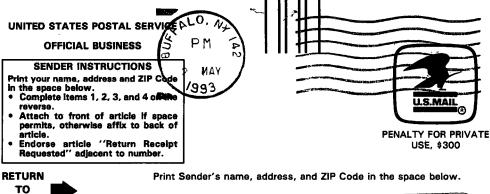


RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

9 3 and 4. Put your address in the "RETURN TO" of the from being returned to you. The return re	Space on the reverse eceipt fee will provide the following service (s) requested. , and addressee's ad	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
<u> </u>	ON 14001	Service: stered
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery 5-22-9	3	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	± U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEI



1 1111

USEPA **ROOM 759** 26 FEDERAL PLAZA NEW YORK NY 10278 ATTN: SUZANNE BECKER

3 and 4.			services are desired, and complete items side. Failure to do this will prevent this card
from being returned to you. The return re	the follow (s) reques , and addr	will provide ing services ted.	you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:			4. Article Number
RENOLD INC.		,	P071550051
BOURNE ST WESTFIELD	NY	14787	Service: ered Insured ed COD s Mail Return Receipt for Merchandise
			otain signature of addressee
<u> </u>			<u> </u>
5. Signature — Addressee			8. Addressee's Address (ONLY if requested and fee paid)
6. Signature Agent			
X			
7. Date of Delivery 5/22/	93		
PS Form 3811, Apr. 1989	+ U.S.G.P.O.	1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
 Attach to front of article if space
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

1.	, <u>, , , , , , , , , , , , , , , , , , </u>
SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person-delivered to and are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
RETAIL PRINTING CORP 50 JOHN HANCOCK RD TAUNTON MA 02780	POTISSOOSA Service: ered
5. Signature — Addressee	8. Addressee's Address (ONLY if
(x	requested and fee paid)
6. Signature - Agent Your Eugene 7. Date of Delivery	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

1.1

· PRUU RI X02904X PM 45. P4/93 19:31 #14

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- article.
 Endorse article "Return Receipt
- Endorse article "Return Receip Requested" adjacent to number.



USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

9 3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	Space on the reverse specification of the services the following services the services the services the services and addressee's addressee	services are desired, and complete items side. Failure to do this will prevent this card you the hame of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
RIVERDALE COLOR 153 CLASSEN AVENUE BROOKLYN	NY 11205	Article Number PO71550053 Service: tered
4		or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery		8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

TO TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

1993

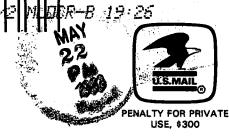
3 and 4. Put your address in the "RETURN TO"	Space on the reverse s receipt fee will provide v s the following services e(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra cha		(Extra charge)
3. Article Addressed to:		4. Article Number
ROBERT BOND BUILDER	RS 5	P071550054
HULLS COVE	ME 04644	ered
	0	or agent and DATE DELIVERED.
5. Signature – Addressee X 6. Signature – Agent		8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	2-93	
PS Form 3811, Apr. 1989	* U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIP

POSTAL SERVICE BHNGUK, ME 04401/ OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below. Complete items 1, 2, 3, and 4 on the

- reverse. . Attach to front of article if space
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



RETURN

TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK NY 10278 **ROOM 759**

3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this captor from being returned to you. The return receipt fee will provide you the name of the person delivered to a the date of delivery. For additional fees the following services are available. Consult postmaster for feechek box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's address. Show to whom delivered, date, and addressee's address. Article Addressed to: 4. Article Number PO 1550056 Service: ered □ Insured ed □ COD ss Mail □ Return Receipt for Merchandise ptain signature of addressee					
ROBOTRON 21300 W. 8 MILE RD SOUTHFIELD MI 48086 PO71550056 Service: ered Insured ed COD ss Mail Return Receipt for Merchandise ptain signature of addressee	Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery				
ROBOTRON 21300 W. 8 MILE RD SOUTHFIELD MI 48086 Service: ered Insured ed COD ss Mail Return Receipt for Merchandise ptain signature of addressee					
and DATE DELIVERED.					
5. Signature - Addressee 8. Addressee's Address (ONLY if					
X requested and fee paid)					
6. Signature – Agent ()					
x & Asex					
7. Date of Delivery MAY 24 1993					

PS Form 3811, Apr. 1989

★U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS Print your name, address and ZIP Code

- in the space below. . Complete Items 1, 2, 3, and 4 on the
- · Attach to front of article if space permits, otherwise affix to back of
- article. • Endorse article "Return Receipt
- Requested" adjacent to number.





RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA RODM 759 26 FEDERAL PLAZA NEW YORK NY 10278

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)	
3. Article Addressed to: 4. Article Number	
RTI 65 NEWCOMB ST ATTLEBORO MA 02703 PO7155005 Service: tered Insured ied COD is Mail Return Receipt for Merchandise btain signature of addressee	_,
or agent and DATE DELIVERED.	
5. Signature — Addressee X All & Addressee's Address (ONLY if regressed and fee paid)	
6. Signature - Agent X Habriele S S S S	
7. Date of Delivery	

PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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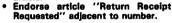
UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- article. • Endorse article "Return Receipt





RETURN TO

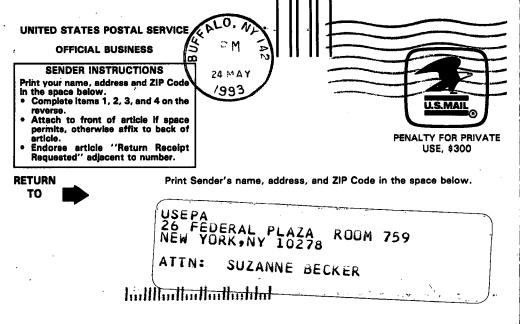
reverse.



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 ROOM 759 ATTN: SUZANNE BECKER

SENDER: Complete items 1 an 3 and 4.	d 2 when additional s	ervices are desired, and complete items
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3. Article Addressed to:		4. Article Number
RYDER TRUCK RENTAL 107 ANDERSON RD CHEEKTOWAGA	NY FEE ST	POTISSOSS Service: ered Insured ed COD ss Mail Return Receipt for Merchandise
	A SE	otain signature of addressee
5. Signature — Addressee X 6. Signature — Agent	TO THE	Addresse's Address (ONLY if requested and fee paid)
7. Date of Delivery 11 11 1		
PS Form 3811, Apr. 1989	* U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



SENDER: Complete items 1 and 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide	you the name of the person delivered to and
the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested.	are available. Consult postmaster for fees
Show to whom delivered, date, and addressee's add (Extra charge)	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
:	P071550060
SAEGERTOWN MFG. CORP.	ervice:
SAEGERTOWN PA 16335	red
	Return Receipt
< 110°	for Merchandise
	or agent ODATE TELEVIERED.
5. Signature - Addressee	8. Acres es all a widows (ONLY if
X	region et aver fee puta)
6. Signature Agent	
x (three Kaelin	7
7. Date of Delivery	USPS
The second secon	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete Items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space parmits, otherwise affix to back of
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





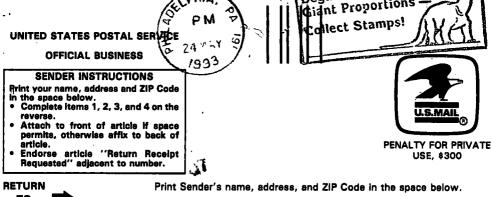
RETURN



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

9 and 4.3 Put your address in the "RETURN." from being returned to you. The retu the date of delivery. For additional and check box(es) for additional se 1. Show to whom delivered,	TO" Space on to a reverse surn receipt fee will provide fees the following services rvice(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees diess. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
SCANSFORMS, INC. 181 RITTENHOUSE C BRISTOL	IRCLE PA 19007	S MAYON BETURN Receipt S MAYON BO Merchandise are ignature advessee or agentes DATE US VERES
5. Signature — Addressee X Signature — Agent X Date of Delivery	S/24/93	8. Add essee's Address (2011.Y if requisited and for paid)
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	5 DOMESTIC RETURN RECEIPT



TO TO

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

3 and 4. Put your address in the "RETURN TO from being returned to you. The return the date of delivery. For additional fe and check box(es) for additional serv	" Space on receipt fe es the followice(s) requ	on the reverse see will provide owing services lested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
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3. Article Addressed to: SCHWEIZER AIRCRAFT	CORP		P071550064
1250 SCHWEIZER RD BIG FLATS	NY	14814	Service: tered
.:			Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee			8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X Marvu Chas 7. Date of Delivery	nlier	law	
PS Form 3811, Apr. 1989	+ U.S.G.I	P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the

reverse.

 Attach to front of article if space permits, otherwise affix to back of

article.

• Endorse article "Return Receipt Requested" adjacent to number.







Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

SENDER: Complete items 1 ar 3 and 4.	nd 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO from being returned to you. The return	receipt fee will provide es the following services ce(s) requested. te, and addressee's add	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
SCRANTON SEWER AUTH 307 N.WASHINGTON AV SCRANTON	ORITY PA 18503	PO71550065 Service: stered
·		obtain signature of addressee
		or agent and DATE DELIVERED.
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent	1 1 1	
X / In IN	and	
7. Date of Delivery	IAY 24 1993	
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete Items 1, 2, 3, and 4 on the

reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.



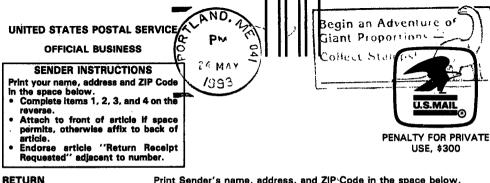


PENALTY FOR PRIVATE USE, \$300

RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK:NY 10278

SENDER: Complete items 1 3 and 4.	and 2 wher	n additional	services	are desired,	and complete	items
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3. Article Addressed to:			1.4A.+	cle Number		
SEBAGO, INC	24.7		es d	POT	15500	266
MECHANIC STREET				Service:		
WESTBROOK	ME	04092		ered	Insured	
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x ///an 16	1/2/		\		//	
10000	weep		l	MEZY		
7. Date of Delivery		_		211		
PS Form 3811, Apr. 1989	⋆U.S.G.P.	O. 1989-238-815	<u> </u>	DOMES	TIC RETURN	RECEIPT



TO

Print Sender's name, address, and ZIP Code in the space below

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278 ATTN: SUZANNE BECKER

Level III and a Harden hall

SENDER: Complete items 1 ar	d 2 when	additional	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional fee	receipt fee is the follow	will provide ving services	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees
and check box(es) for additional servi 1. ☐ Show to whom delivered, day (Extra character)	te, and add		dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
SELECT-TRON INDUST 1946 E. 12TH ST.			P071550 067
ERIE A	PA	16511	ered Insured ed COD s Mail Return Receipt for Merchandise
			tain signature of addressee
			or agent and DATE DELIVERED.
5. Signature — Addressee	1	1	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent	M	\leq	
X			
7. Date of Delivery	\sim	$\sqrt{\chi}$	
PS Form 3811, Apr. 1989	+ U.S.G.P.Q	1989-238-815	DOMESTIC RETURN RECEIPT

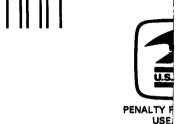
Thank you for using Return Receipt Service.

TATES POSTAL SERVICE

FICIAL BUSINESS

PER INSTRUCTIONS
ame, address and ZIP Code
below.
Items 1, 2, 3, and 4 on the
o front of article if space
otherwise affix to back of
article "Return Receipt

ed" adjacent to number.



Print Sender's name, address, and ZIP Code in the space i

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested 1. Show to whom delivered, date, and addresses's additional fees the following services and check box(es) for additional service(s) requested	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
SERONOBAKER DIAGNOSTIC 100 CASCADE DRIVE ALLENTOWN PA 18102	POT1550068 ervice: ered Insured ed COD s Mail Return Receipt for Merchandise otain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X. 6. Signature — Agent X. 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)
MAY 2 4 1993	

PS Form 3811, Apr. 1989

± U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

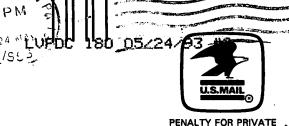
SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

Complete items 1, 2, 3, and 4 on the reverse.
Attach to front of article if space

permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.



USE, \$300

Print Sender's name, address, and ZIP Code in the space below.

TO

1 4473

USEPA 26 FEDERAL PLAZA ROUM 759 NEW YORK,NY 10278

SENDER: Complete items 1 and 2 when additional : 3 and 4. Put your address in the "RETURN TO Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional services.	the to do this will prevent this card to me of the person delivered to and space. Consult postmaster for fees
3. Article Addressed to:	A Skriticle Number
NILES, INC. TH GENESSEE STREET FALLS NY 14865	Type of Service: Agistered Insured Codd COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee Or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X dis Jursonius	
7. Date of Delivery 5-24-93	
7011 1000	- PARESTIA DETURN DESCRIPT

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete Items 1, 2, 3, and 4 on the

- reverse.

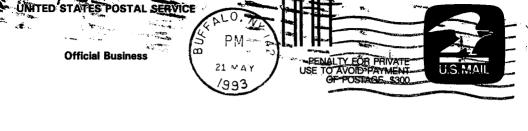
 Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



RETURN TO Print Sender's name, address, and ZIP Code in the space below.

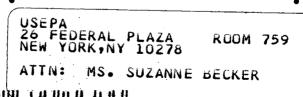
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

on the reverse side	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if s does not permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. SHURLINE MFG. CO. BO WEST DRULLARD AVENUE NY 1408	space e number. I the date	following fee): 1. 2. Consult p	Address Restrict Costmas F 3 1 Inst CO Ret	es (for a see's Ac ted Deliviter for the ured	eipt for
DOP				71		<u>>_</u> ;
r DETIIDA	5. Signature (Addressee) 6. Signature (Agent)		ressee's Ac fee is paid		Only if i	equested 2
- ovel	PS Form 238 1, December 1991 &U.S. GPO: 1992-323-4	105 D(OMESTIC	RET	URN R	ECEIPT



1 314 119

Print your name, address and ZIP Code here



Put yo from be the da and ch	and 4. ur address in the "RETURN T eing returned to you. <u>The retu</u> te of delivery. For additional f leck box(es) for additional ser	O" Space on the reverse on receipt fee will provide ees the following services vice(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Ar ARVEY	ticle Addressed to:		Article Number PO71 550 070
AST M Y STR	INEOLA AVENUE EAM NY	11580	Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchandise
			Always obtain signature of addressee or agent and DATE DELIVERED.
7. Da	nature - Agent te of Deliver	888	ELL AN INTE
PS Fori	n 3811. Apr. 1989	* U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



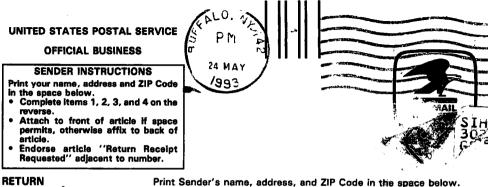
PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

SENDER: Complete items 1 and 2 when add 3 and 4. Put your address in the RETURN TO Stace on the r from being returned to you. The return receipt fee will the date of delivery. For additional fees the following and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and address (Extra charge)	provide you the name of the person delivered to and services are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
MP USTRIAL BLVD/PD BOX 460 SLAND NY 14072	Type of Service: Register Insured COD Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X Aula Long	
7. Date of Delivery 5/24/93	
PS Form 3811, Apr. 1989 +U.S.G.P.O. 198	9-238-815 DOMESTIC RETURN RECEIPT



TO TO

USEPA

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278 ATTN: SUZANNE BECKER

hallfadladladadal

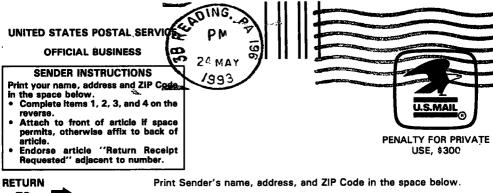
1 1111

Put your address in the "RETURN To from being returned to you. The retu	O" Space rn receipt ees the fo vice(s) rec late, and	on the reverse fee will provide llowing services juested.	e side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees address. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			14 Article Number
SONOCO FIBRE DRUM 720 LAUREL ST	(B)	٠.٠٠) ا	PO71550076
READING	PA	19602	Service: tered Insured ied COD ss Mail To Merchandise
- 01	··		obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee K. Signature — Agent X 7. Date of Delivery	fer	lah.	8. Addressee's Address (ONLY if requested and fee paid)
2014		No.	-

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT



TO

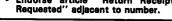
USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse serior from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s).	you the name of the person delivered to and sere available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
S.E.MORRIS:COUNTY:MUNI	P071550059 Service:
S.E. MORRIS COUNTY MUNI 101: WESTERN AVE.	tered Insured
MORRISTOWN NJ 07960	ed COD ss Mail Return Receipt for Merchandise
	btain signature of addressee
	or agent and DATE DELIVERED.
5. Signature Addressee	8. Addressee's Address (ONLY if requested and fee paid)
x the Laure	requestea una jee pata)
6. Signature — Agent	
x	
7. Date of Delivery 20 MAY 2 1 1003	
PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-819	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt







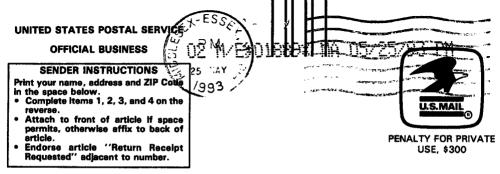
PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278 **ROOM 759**

3 and 4. Put ar address in the "RETURN TO" Sparm being returned to you. The return red	pach on the reverse. eipt fee will provide the following-services s) requested. and addressee's ad	services are desired, and complete items side. Failure to do this will prevent this card avail the name of the person delivered to and side available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to: SPECIALIZED PLATING 15 WARD HILL AVENUE HAVERHILL	MA 01835	4. Article Number POTISSON ervice: red
5. Signature — Addressee 6. Signature — Agent X 7. Date of Delivery	1::::::::::::::::::::::::::::::::::::::	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIP



RETURN TO Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

	- · · · · · · · · · · · · · · · · · · ·
SENDER: Complete items 1 and 2 when additional s 3 and 4.	services are desired, and complete items
Put your address in the "RETURN TO" Solice on the reverse se from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services	side. Failure to do this will prevent this card you the name of the person delivered to and
and check box(es) for additional service(s) requested.	are available. Consult postmaster for fees
1. ☐ Show to whom delivered, date, and addressee's add (Extra charge)	dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
ST.JOHNSBURY TRUCKING	P071550079
442 HOLLYWOOD AVE	Service:
442 HOLLYWOOD AVE S-PLAINFIELD NJ 07080	tered Unsured
	ied
	otain signature of addressee
10 m / 10 / 10 / 10 00 0	or agent and DATE DELIVERED.
5 Isterboure CAddlessee COVI	8. Addressee's Address (ONLY if requested and fee paid)
A	
6. Signature — Agent	• •
X ,	A
7. Date of Delivery	C.E.
(5 5/21/53	
PS Form 3811, Apr. 1989 / *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below. Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt

Requested" adjacent to number.









Print Sender's name, address, and ZIP Code in the space below.

USEPA Z6 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered. Consult postmaster for fee.	Receipt Service
ST. MARY'S METAL FINISHING TROUT RUN ROAD ST. MARY'S PA 15057 Tele Number 353 158 21 ice Type	r using Return
7. Date of Delivery 5-20-93	you fo
5. Signature (Addressee) 8. Addressee's Address (Only if requester and fee is paid)	Thank
6. Signature (Agent) PS Form 3811, December 1991 #U.S. GPO: 1992—323-402 DOMESTIC RETURN RECEIPT	:

UNITED STATES POSTAL SERVICE

Official Business





ROOM 759

Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA NEW YORK, NY 10278

SENDER: Complete items 1 at 3 and 4.	nd 2 when	additional s	services are desired, and o	complete items
Put your address in the "RETURN TO from being returned to you. The returned to delivery for additional fer and check box(es) for additional servand check box(es) for additional servand has been served. L. Show to whom delivered, day	receipt fee es the follov ice(s) reque ite, and add	will provide ving services sted.	you the name of the person ô are available. Consult posti dress. 2. ☐ Restricted I	delivered to and master for fees Delivery
(Extra ch	arge)		(Extra charg	e)
3. Article Addressed to:			4. Article Number	
STATURE MACHINE TE	CHNO			<u>08007</u>
23647 RYAN ROAD WARREN	ΜI	48091	ed CO	turn Receipt
1			Tor	Merchandise
	~		btain signature of	addressee
Ι Λ	7		or agent and DATE CELIVE	RED.
5. Signature Addressee X 6. Signature – Agent	ova		8. Addressee's Address requested and fee paid)	
X			,	
7. Date of Delivery 5-229 3 28	2			·
PS Form 3811, Apr. 1989	+ U.S.G.P.0). 1989-238-815	DOMESTIC RE	ETURN RECEIP

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

. Complete Items 1, 2, 3, and 4 on the reverse.

- · Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



RETURN

Print Sender's name, address, and ZIP Code in the space below.

TO

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK, NY 10278

9 3 and 4. Put your address in the "RETURN TO	"Space on the reverse some country to the receipt fee will provide to see the following services ice(s) requested. te, and addressee's ad	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
FINING AND MARKET (RIVER RD NDA NY 1	B) 4150	Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature Addressee X 6. Signature Agent X 700000000000000000000000000000000000	2 5991 7 AM 07 2 5991 3 AM 07 2 5991 3 AM 07 3	8. Addressee's Address (ONLY if requested and fee paid)
5. 22. 93 PS Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code In the space below. Complete Items 1, 2, 3, and 4 on the

raverse. · Attach to front of article if space permits, otherwise affix to back of

article. Endorse article "Return Receipt

Requested" adjacent to number.







RETURN

Print Sender's name, address, and ZIP Code in the space below.



USEPA 26 FEDERAL- PLAZA ROOM YURK NY 19278

47.73**3**34

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ac (Extra charge)	side. Failure to do this will prevent this card you the name of the person delivered to and is are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
THERMATRU CORP. 108 MUTZFELD RD BUTLER IN 46721	ervice: red
	or agent and DATE DELIVERED.
5. Signature - Addressee X. July 6. Signature - Agent X. 7. Date of Delivery DUP 5-24-93	8. Addressee's Address (ONLY if requested and fee paid)
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT

÷ 1,

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4s & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back is does not permit. • Write "Return Receipt Requested" on the mailpiece below the article was delivered a delivered. 3. Article Addressed to: Thomas Hayes, Esq. Commandant (G-LCL) United States Coast Guard 2100 2nd Street, S.W. Washington, DC 20593-0001	f space 1. Addressee's Address
5. Signature (Addressee) 6. Signature (Agent) CWO B.L. ZELNER. G-CAS-2, 267-0051 PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307	8. Addressee's Address (Only if requested and fee is paid) 7-530 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300



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APR 2 F 1994

Print your name, address and ZIP Code here

U.S. ENVIRONMENTAL PROTECTION AGENCY REGION II

OFFICE OF REGIONAL COUNSEL NEW YORK/CARIBBEAN SUPERFUND BRANCH

EKIGSCL 26 FEDERAL PLAZA — ROOM 437 NEW YORK, NEW YORK 10278

SENDER: Complete items 1 a 3 and 4.	nd 2, when	additional	services are desired, and complete items
from being returned to you. The return the date of delivery. For additional fe-	receipt fee es the follow	will provide ing services	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
and check box(es) for additional serv 1. Show to whom delivered, da (Extra ch	ite, and add	ted. ressee's ad	dress. 2. Restricted Delivery (Extra charge)
3 Article Addressed to:			A Article Number
THREE DIMENSIONAL ONE SOUTHSIDE RD.	CORP		P071550093
DANVERS	MA	02176	ervice:
			d 🗀 COD
			s Mail Return Receipt for Merchandise
			Always obtain signature of addressee
ĺ			or agent and DATE DELIVERED.
5. Signature - Addressee			8. Addressee's Address (ONLY if
x			requested and fee paid)
6. Signature – Agent			
XOUL Beautier	۷		·
7. Date of Delivery 5/24	193		
PS Form 3811, Apr. 1989	* U.S.G.P.O.	1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- . Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





USE. \$300

RETURN

·TO



Print Sender's name, address, and ZiP Code in the space below.

USEPA **ROOM 759** 26 FEDERAL PLAZA NEW YORK, NY 10278

SUZANNE BECKER ATTN:

3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	' Space on the reverse : receipt fee will provide :s the following services ce(s) requested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and a are available. Consult postmaster for fees dress. 2. Restricted Delivery
3. Article Addressed to:		4. Article Number
TIBBETS INDUSTRY 30 COLCORD AVE CAMDEN	ME 048	Politics: Service: tered Insured ied COD ss Return Receipt for Merchandise
	, , , , , , , , , , , , , , , , , , , ,	or agent and DATE DELIVERED.
5. Signature — Addressee X	19.51	8. Addressee's Address (ONLY if requested and fee paid)
Signature - Agent		
7. Date of Delivery 5/24/93	A Part of the second of the se	
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



RETURN



article.

permits, otherwise affix to back of

Endorse article "Return Receipt

Requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

PENALTY FOR PRIVATE

USE. \$300

USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional fees the following services and check box(es) for additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and a are available. Consult postmaster for fees
3. Article Addressed to:	4. Addicte Number
	P071550097
TIGHE BOND CORPORATION (PS)	, Service:
	tered Insured
MESTFIELD MA 01085	fied
	btain signature of addressee
	or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if
x	requested and fee paid)
6. Signature - Agent Lachura	
7. Date of Delivery 5904/93	

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

011 SPFLD MA 19:43 05/24/93.DGR

SENDER INSTRUCTIONS Print your name, address and ZIP Code

in the space below. Complete items 1, 2, 3, and 4 on the reverse.

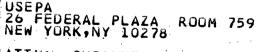
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt
- Requested" adjacent to number.



RETURN TO

11111

Print Sender's name, address, and ZIP Code in the space below.



ATTN: SUZANNE BECKER البرالية الطراب المالية المطلبات المسلمات السالمات السالمات

3 and 4.		ervices are desired, and complete items
from being returned to you. The return	receipt fee will provide v	ide. Failure to do this will prevent this card to the newne of the person delivered to and are available. Consult postmaster for fees
and check box(es) for additional service	ce(s) requested.	
1. Show to whom delivered, dat	ie, and addressee's add arge)	(Extra charge)
3. Article Addressed to:		4. Article Number
TIVOLY ALLAS - A -		PO71550098
TIVOLY,U.S.A. BAXTER AVE.		Service:
DERBY LINE	VT . 05830	ered L Insured
		ed
	•	s Mail Light Receipt
		tain signature of addressee
		or agent and DATE DELIVERED.
5. Signature - Addressee		8. Addressee's Address (ONLY if
× 1 MOQUE		requested and fee paid)
6. Signature - Agent /		
x 1 //		
7. Date of Belivery $3-22-9$	3	
PS Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

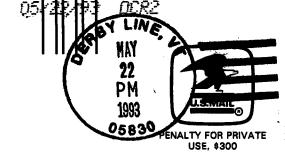
WHITE RIVER JCT VI 05001 **UNITED STATES POSTAL SERVICE**

OFFICIAL BUSINESS

SENDER INSTRUCTIONS Print your name, address and ZIP Code

in the space below. Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of
- article.
- Endorse article "Return Receipt Requested" adjacent to number.



RETURN TO

Print Sender's name, address, and ZiP Code in the space below.

26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278 ATTN: SUZANNE BECKER

A and 4. Put your address in the "RETURN TO from being returned to you. The returned to date of delivery. For additional fe and check box(es) for additional servential servent	"Space on the reverse on receipt fee will provide es the following services ice(s) requested.	services are desired, and complete item side. Failure to do this will prevent this carr you the name of the person delivered to and s are available. Consult postmaster for fee
1. Show to whom delivered, de (Extra ch		dress. 2. \sqcup Hestricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
	THE PARTY OF THE P	PO71550100
TNT: & ASSOCIATES 840 REYNOLDS AVE COLUMBUS	OH 43201	service: Insured Insured COD
•		tain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee	,	8. Addressee's Address (ONLY if
X	j.	requested and fee paid)
6. Signature - Agent	.,,	
x	X	
7. Date of Delivery		· .
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECE

UNITED STATES POSTAL SERVICE OFFICIAL BUSINESS YDRK 31Y 100 05 27/93 03:49 DCR48

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of

article.
• Endorse article "Return Receipt

Requested" adjacent to number.



PENALTY FOR PRIVATE USE. \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

ATTN: SUZANNE BECKER

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PS Form 3811, Apr. 1989	★ U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT
7. Date of Qelivery		
6. Signature — Agent		
X Datore de	<u>~</u>	requested and fee paid)
5. Signature - Addressee		8. Addressee's Address (ONLY if
		or agent and DATE DELIVERED.
CAL FARAUGUS	NY 14719	fied COD ss Mail Return Receipt for Merchandise
TODCO CORP RTE 353 CATTARAUGUS	iiV 1/715	tered 🔲 Insured
TODCO CORP	• .	Po71550101
3. Article Addressed to:	~	4. Article Number
from being returned to you. The re the date of delivery. For additional and check box(es) for additional s 1. Show to whom delivered, (Extra	turn receipt fee will provide I fees the following services ervice(s) requested.	(Extra charge)
3 and 4.	•	services are desired, and complete items

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space permits, otherwise affix to back of
- permπs, otherwise attix to back of article.

 Endose exticle "Return Receipt
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO

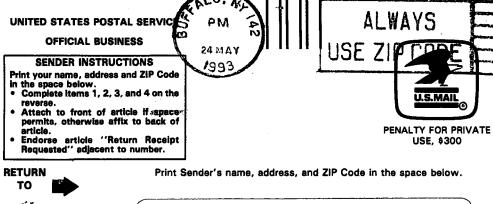
Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

ATTN: SUZANNE BECKER

Land Harris Bankaland

SENDER: Complete items 1 and 3 and 4.	d 2 vrien additional s	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt fee will provide y s the following services e(s) requested. e, and addressee's add	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
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TOWN OF N. TONAWAND 758 ERIE AVENUE N. TONAWANDA	A NY 14120	ervice: préd Insured d COD s Mail Return Receipt for Merchandise tain signature of addressee Or agent and DATE DELIVERED.
5. Signature - Addressee		8. Addressee's Address (ONLY if requested and fee paid)
X Whi Brown		requesica ana jee palaj
6. Signature — Agent		
7. Date of Deliver - 14 -	93	y 7.
PS Form 3811, Apr. 1989	*U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT





USEPA 26 FEDERAL PLAZA ROOM 759

ATTN: SUZANNE BECKER

NEW YORK NY 10278

SENDER: Complete items 1 ar 3 and 4.	nd 2 wher	additional s	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt fee s the follo ce(s) reque	will provide wing services ested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery
(Extra che			(Extra charge)
3. Article Addressed to:	• .	.*	4. Article Number
TDAMO TEO		4	PO71550104
TRANS TECH ELECTRO	NIGS IL	61491	Sérvice: ered Insured ed COD ss Mail Return Receipt for Merchandise
		, VE	otain signature of addressee and DATE DELIVERED.
5. Signature — Addressee			8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent			
7. Date of Delivery 5-24-	9.3.		
PS Form 3811, Apr. 1989	★U.S.G.P.C	D. 1989-238- 815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space permits, otherwise affix to back of
- article.
 Endorse article "Return Receipt
- Endorse article "Return Receipt Requested" adjacent to number.





USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROUN 759 NEW YORK, NY 10278

ATTN: SUZANNE BECKE

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional services.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
TRENCH COMPANY, INC. 1298 MAIN ST BUFFALO NY 14201	POTISSOICO ervice: red
5. Signature — Addressee X Mousis Kun la	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent	
7. Date of Delivery 5/24/93	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

Complete items 1, 2, 3, and 4 on the reverse.

Attach to front of article if space permits, otherwise affix to back of article.

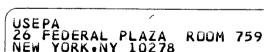
Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE

USE, \$300

RETURN TO Print Sender's name, address, and ZIP Code in the space below.



SENDER: Complete items 1 and 2 when additional a 3 and 4. Put your address in the "RETURN TO" Space on the reverse strom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional services.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
TRI CAN SYSTEMS 12828 S. RIDGEWAY AVE ALSIP: IL 60658	POTISSONS Service: ered
* - • -	or agent and DATE DELIVERED.
5. Signature – Addressee 6. Styleture – Agent 7. Jate of Delivery	8. Addressee's Address (ONLY if requested and fee paid)
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

TO TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

O OFFICE O		
SENDER: Complete items 1 and 3 and 4.	I 2 when additional s	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return n	eceipt fee will provide :	side. Failure to do this will prevent this card you the name of the person delivered to and
and check box(es) for additional fees	the following services	are available. Consult postmaster for fees
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3. Article Addressed to:		4. Article Number
TRICO PRODUCTS		P071550109
817 WASHINGTON STRE	ET .	Service:
	NY 142 47	tered
		Return Receipt
	Sec	ss Mail
<u> </u>		btain signature of addressee
		or agent and DATE DELIVERED.
5. Signature Addresse		8. Addressee's Address (ONLY if
× S. M-Hayn	es	requested and fee paid)
6. Signature - Agent	•	
x		
7. Date of Delivery 2 5 1993		
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. • Complete Items 1, 2, 3, and 4 on the

- reverse. Attach to front of article if space
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.







1. .

Print Sender's name, address, and ZIP Code in the space below.

TO

USEPA. 26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278

9 and 4. Put your address in the "RETURN TO" from being returned to you. The return	Space on the reverse specified on the reverse specified will provide specified to the following services (s) requested. Le, and addressee's addressee	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress 2. Restricted Delivery (Extra charge)
3. Article Addressed to: Trifari I KRUSSMAN EISCHEL, AWTUCKET AVENUE IDENCE RI 02	INC TRIFAL 2915 3400 E-PRO	Article Number Article Number Tape of Service: Registered Insured Cortified COD Express Mail Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee X 6. Signature – Addressee X 7. Date of Delivery	24-93	8. Addressee's Address (ONLY if requested and fee paid)
S Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT

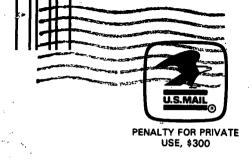


SENDER INSTRUCTIONS Print your name, address and ZIP Code 993

in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

on the reverse side	• Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back it does not permit. • Write "Return Receipt Requested" on the mailpiece below the artic. • The Return Receipt will show to whom the article was delivered at delivered.	if spa	ice umber.	following fee): 1. 2.		Delivery
pe	TROPEL INC. 60 O CONNOR ROAD FAIRPORT NY 1445		ei gi ti	icle Number P353 vice Type stered ified ress Mail e of Deliver	☐ Insured ☐ COD ☐ Return Mercha	Receipt for
your RETURN A	5. Signature (Addressee) 6. Signature (Agent) 7. M. J. J. J. J. J. Aus. GPO: 1992–323		and	ressee's Ac fee is paid)	93 y if requested

UNITED STATES POSTAL SERVICE RDC NY 145

NY 196521 1

Y FOR PRIVATE U.S. MAIL

OF POSTAGE, \$300

Official Business

Print your name, address and ZIP Code here

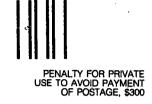
USEPA
26 FEDERAL PLAZA ROOM 759
NEW YORK,NY 10278
ATIN: .MS. SUZANNE BECKER

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the reverse sic	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that w return this card to you. Attach this form to the front of the mailpiece, or on the back if sp does not permit. Write "Return Receipt Requested" on the mailpiece below the article real the Return Receipt will show to whom the article was delivered and the delivered.	ace number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
our RETURN ADDR	Muse	Date Addre	icle Number P 3 5 3

UNITED STATES POSTAL SERVICE

Official Business

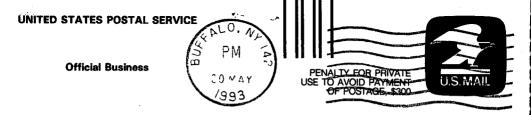




Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK NY 10278

he reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the article.	space 1. Addressee's Address
on t	 The Return Receipt will show to whom the article was delivered andelivered. 	Consult postmaster for fee.
	VAL-KRO, INC. 369 RIVER ROAD N. TONAWANDA NY 14120	P353 / S 2 / Y rice Type yistered
ADD		7. Date of Delivery.
TURN	5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
our RE	6. Standard (Agent)	
ls y	PS Form 3811, December 1991 - + u.s. apo: 1992-323-	OMESTIC RETURN RECEIPT



Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278 ATTN: MS. SUZANNE BECKER

			·
3 and 4. Put your address in the "RETURN from being returned to you. The returned to date of delivery. For additional and check box(es) for additional se 1. ☐ Show to whom delivered,	TO" Space urn receipt fees the fo ervice(s) rec	on the reverse fee will provide llowing services quested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
VIBROPLATING 353 CANAL DR BENSALEM	PA	19020	Service: Service: Insured
			or agent and DATE DELIVERED.
5. Signature Addressee X A	W		8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811 Apr 1989	+US G	PO 1989-238-816	DOMESTIC RETURN RECEIPT

OFFICIAL BUSINESS YURK NY 100 05/27/93 03:20 DCP48

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

ATTN: SUZANNE BECKER

he reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so tha return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the articles.	f space cle number.		ipt Service.
ī	 The Return Receipt will show to whom the article was delivered adelivered. 	nd the date	Consult postmaster for fee.	Receipt
5	3. Article Addressed to:	4a. Art	ticle Number	Œ
	TURBODYNE DIVISION DRES IND 37 COATS STREET WELLSVILLE NY 148	95	rice Type tered	for using Return
Ā			5/20/93 P	榎
RETURN	5. Signature (Addressee)		ressee's Address (Only if requested fee is paid)	Thank 1
₹	6 Signature (Agent)		e	
ls yo	PS Form 3811, December 1991 ±U.S. GPO: 1992-323	-402 D	OMESTIC RETURN RECEIPT	

UNITED STATES PÖSTÄLL SERVICE. Y.

O5 2 93 16:53

USE TO AVOID PAYMENT OF POSTAGE, \$300

149



Official Business

Print your name, address and ZIP Code here

USEPA
26 FEDERAL PLAZA ROOM 759
NEW YORK, NY 10278
ATTN: MS. SUZANNE BECKER

SENDER: Complete items 1 and 2 when additional services are desired, and complete i 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this from being returned to you. The return receipt fee will provide you the name of the person delivered to the date of delivery. For additional fees the following services are available. Consult postmaster for and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)					
	3. Article Addressed to:	4. Article Number			
<u> </u>	GENERAL SERVICES (PS) TATE ST STER NY 14614	Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and TARE DELIVERED.			
	5. Signature — Addressee X	Addressee's Address (ONLY if requested and fee paid)			
	6. Signature - Agept 7. Date of Delivery 5 - 24 - 3				
	2011				

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of
- erticle.
 Endorse article "Return Receipt
- Endorse article "Return Receipt Requested" adjacent to number.





RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM:759 NEW YORK:NY 10278

ATTN: SUZANNE BECKER

3 and 4. Put your address in the "RETURN TO"	' Space on the reverse receipt fee will provide s the following services: ce(s) requested. e, and addressee's ad	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4. Article Number
VILLAGE OF WESTFIE 42 ENGLISH ST WESTFIELD 5. Bignature - Addressed X Illage & Vest 6. Signature - Agent 7. Date of Delivery	NY 14787 Full full yens	Service: ered
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

• Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.





RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

on the reverse side	• Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Receipt Requested" on the mailpiece below the art. • The Return Receipt will show to whom the article was delivered adelivered.	if space 1. Addressee's Address icle number 2. Restricted Delivery Consult postmaster for fee.
D	3. Article Addressed to:	4a Article Number 158 2/5
	W.R CASE & SONS CUTLERY CO DWENS WAY (S. BRADFORD) BRADFORD PA 1670	ress Mail Return Receipt for
AD		7. Date of Delivery 20
TURN	5. Signature (Addressee)	8. Addressee sAddress (Only if requested and fee is paids)
our RE	6. Signature (Agent)	
Sγς	PS Form 3811, December 1991 ±U.S. GPO: 1992-32	3-402 DOMESTIC RETURN RECEIPT

Official Business

Official Busi

Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

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SENDER: Complete items 1 and 2 when additional stand 4. Put your address in the "RETURN TO" Space on the reverse from being-returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested. (Extra charge)	side. Failure to do this will prevent this card you the name of the person delivered to and a are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
	P071550170
MALLENDACK W. FLEW 2CHOOL	Service:
WALLENPACK N. ELEM SCHOOL	ered Insured
HAWLEY PA 18428	d 🗀 COD
	Meil Return Receipt
	for Merchandise
	tain signature of addressee
	or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if
x ·	requested and fee paid)
	· •
6. Signature - Agent	
xam M. Reliation	
7. Date of Delivery	
3'04'77	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- reverse.
 Attach to front of article if space
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

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USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK•NY 10278

SENDER: Complete items 1 and 2 when additional so and 4. Put your address in the RETURN TO" Space on the reverse so from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number
WATERVLIET ARSENAL SARWV-EHQ WATERVLIET NY 12189	PO155019\ Service: tered Insured ed COD ss Mail Return Receipt for Merchandise obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if
X Asseral	requested and fee paid)
6. Signature – Agent	
x B Piene	
7. Date of Delivery	
PS Form 3811 Apr 1989 - 115 G PO 1989-228-915	DOMESTIC RETURN RECEIPT
PS POPO -30 II ANT 1989 / 4118 GDO 1980.278.816	COMESTIC RETURN RECEIPT

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SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- reverse.

 Attach to front of article if space permits, otherwise affix to back of
- permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

· · · · · · · · · · · · · · · · · · ·			
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)			
3. Article Addressed to:			4. Article Number
			P071.550122
WCA HOSPITAL 207 FOOTE AVE			Service:
ZUZ FUUTE AVE			tered Insured
JAMESTOWN	NY	14701	fied COD
			ass Mail Return Receipt for Merchandise
<u> </u>	·		obtain signature of addressee
\sim \sim \sim	2		or agent and DATE DELIVERED.
5. Signature — Addresses //			8. Addressee's Address (ONLY if
X/Sollo		_	requested and fee paid)
6. Signature - Agent			
X			
7. Date of Deliver 2 2 1993			

PS Form 3811, Apr. 1989

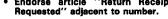
*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete items 1, 2, 3, and 4 on the reverse.

- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt





PENALTY FOR PRIVATE USE, \$300

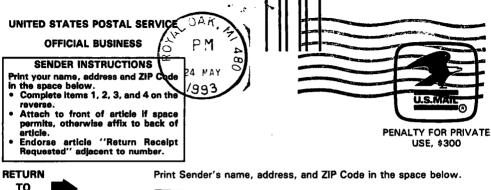
RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

SENDER: Complete items 1 and 3 and 4.	id 2 when ado sonal	I services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional fee and check box(es) for additional serving.	receipt fee will provide is the following service ce(s) requested.	e side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees
1. Show to whom delivered, date (Extra character)		ddress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	NC -	P071550125
WEBASTO SUNROOF, II 2700 PRODUCT DRIVE ROCHESTER HILLS	MI 48367	Service: Insured od COD
	7	Return Receipt for Merchandise
		Always out to signature of addressee or a so and DANE DELLA PRED.
5. Signature — Addressee		8. Address & Add ess (ONLY if requested entages paid)
6. Sphature - Agent	No ca	1993 USPO
Mete of Delivery 6.2	4-93	
PS Form 3811, Apr. 1989	+ U.S.G.P.O. 1989-238-81	15 DOMESTIC RETURN RECEIP

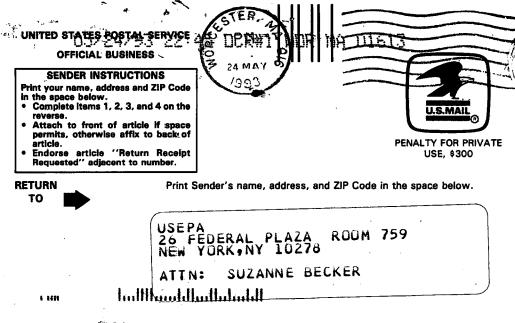


TO

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USEPA 26 FEDERAL PLAZA **ROOM 759** NEW YORK NY 10278 ATTN: SUZANNE BECKER

Put your address in the "RETURN TO" S from being returned to you. The return re	Space on the reverse eccipt fee will provide the following service (s) requested, and addressee's ad	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and sare available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to: WESTBORO FIELD HDQTR ROUTE 135 WESTBORO M	S (PS) IA 01581	4. Article Number PO155013 Service: stered Insured fied COD ess Mail Return Receipt for Merchandise obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X P M C N anna 7. Date of Delivery 5 / 6	×4/93	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Apr. 1989	★ U.S.G.P.O. 1989-238-818	DOMESTIC RETURN RECEIPT



	SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
ı	3. Article Addressed to:	A A isle Number
		P071550128
	WESTERN MAINE GRAPHICS 1 MADISON AVE.,PO BOX 153 NORWAY ME 04268	Service: ered Insured ed COD s Mail Return Receipt for Merchandise
1	n.	Always obtain signature of addressee
Ì		or agent and DATE DELIVERED.
	5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
	6. Signature - Agent XIII Over 1 Agent	
	7. Date of Delivery	
	PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code /933 In the space below. . Complete items 1, 2, 3, and 4 on the

- reverse. Attach to front of article if space
- permits, otherwise affix to back of article. • Endorse article "Return Receipt
- Requested" adjacent to number.



USE. \$300

Print Sender's name, address, and ZIP Code in the space below.

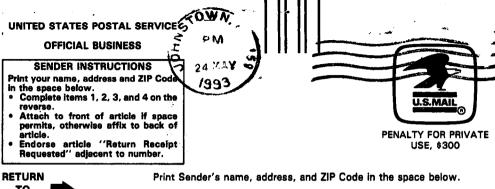
RETURN TO

> **ROOM 759** Ző FEDERAL PLAZA NEW YORK, NY 10278

SUZANNE BECKER

BUMBY

SENDER: Complete items 1 and 2 when additional s 3 and 4. Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional service(s) requested.	side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
1	POTISSOISO Service: ered
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent T. Dete of Delivery 5 - 24 - 93	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT



TO TO



3 and 4. Put your address in the "RETURN TO" from being returned to you. The return	' Space or receipt fer s the follo ce(s) reque te, and ad	the reverse se will provide wing services ested.	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
WEYERHAUSER CO. 100 HAWKES STREET: WESTBROOK:	ME	04092	PO1550131 ier Vie: ared
			or agent and DATE DELIVERED.
5. Signature — Addressee X 6. Signature — Agent X 7. Date of Delivery		4	8. Addressee and research only if requested and fee paid.
PS Form 3811, Apr. 1989	⋆U.S.G.P.	O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZiP Code in the space below.

 Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759

NEW YORK NY 10278

SENDER: Complete items 1 and 2 when additing 3 and 4.	onal s	services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will protect the date of delivery. For additional fees the following seand check box(es) for additional service(s) requested.	ovide y rvices	you the name of the person delivered to and s are available. Consult postmaster for fees
 Show to whom delivered, date, and addressee (Extra charge) 	s add	dress. 2. Restricted Delivery (Extra charge)
3 Article Addressed to:		4. Article Number
WILL MESBARG		P071550134
WILKESBARRE CITIZENS		ervice:
		red Insured
PA 18	711	L Marit Return Receipt
		for Merchandise
		tain signature of addressee
		and DATE DELIVERED.
5. Signature - Addressee		8. Addressee's Address (ONLY if
x /		requested and fee paid)
6. Signature — Agent		
X		BB 514 15
7. Date of Delivary		MAY 84 1906
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-2	238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. Complete Items 1, 2, 3, and 4 on the reverse.

· Attach to front of article if space permits, otherwise affix to back of articia.

· Endorse article "Return Receipt

Requested" adjacent to number.





RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered; date, and addressee's address. 2. Restricted Delivery		
(Extra charge)	(Extra charge)	
3. Article Addressed to:	4. Article Number	
WILSON GREATBATCH LTD 10,000 WEHRLE DRIVE CLARENGE NY 1403	P011550135	
6. Signature – Agent X 7. Date of Delivery \$\int_{\sum_{\cur_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\cur_{\cur_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\cur_{\cur_{\sum_{\cur_{\cur_{\cur_{\cur_{\sum_{\sym_{\sum_{\sum_{\sym_{\sum_{\sum_{\sym_{\sym_{\sym_{\sym_{\sum_{\sym_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_\lent\sum_{\sum_\sum_\lent\sun_\sum_\sum_\sum_\sum_\sum_\sum_\sum_\sum	8. Addressee's Address (ONLY if requested and fee paid)	
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-4	DOMESTIC RETURN RECEIPT	

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO



. ...

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK:NY 10278

SENDER: Complete items 1 3 and 4.	and 2 when additional	services are desired, and complete items
Put your address in the "RETURN	TO" Space on the reverse : urn receipt fee will provide	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
the date of delivery. For additional and check box(es) for additional se	fees the following services	s are available. Consult postmaster for fees
1. Show to whom delivered,		dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:		4 Article Number
WOLF PRINTING	,	P071550139
310 NEWINGTON RD	CT 06110	ervice:
W-HARTFORD	- CI OOTIO	ered Unsured
ح ٠	~ · ·	ed COD Return Receipt
	S^{\prime}	s Mail
		otain signature of addressee
		or agent and DATE DELIVERED.
5. Signature + Addressee		8. Addressee's Address (ONLY if
× John C	any	requested and fee paid)
6 Signature — Agent	/()	
× \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 - 1	
7. Date of Delivery) Y) V	
PS Form 3811, Apr. 1989	+ U.S.G.P.Q. 1989-238-815	DOMESTIC RETURN RECEIPT



TO E

• Endorse article "Return Receipt

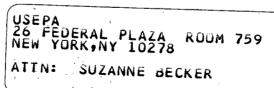
Requested" adjacent to number.

article.

Print Sender's name, address, and ZIP Code in the space below.

PENALTY FOR PRIVATE

USE, \$300



Put your address in the "RETURN TO" from being returned to you. The return the date of delivery. For additional feet and check box(es) for additional service.	Shace on the reverse specified the following services the following	services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees
1. ☐ Show to whom delivered, dat (Extra cha		dress. 2. Restricted Delivery (Extra charge)
XERXES CORDORATES		4. Article Number
XERXES CORPORATION RTE 2, BOX 1060 WILLIAMSPORT	MD 21795	Service: ered Insured ed COD s Mail Return Receipt for Merchandise
		or agent and DATE DELIVERED.
5. Signature – Addressee K. Jennifer – Addressee G. Signature – Addressee	n	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 5-25-93		*
PS Form 3811, Apr. 1989	★U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the everse.

Attach to front of article if space permits, otherwise affix to back of article.

• Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE

USE. \$300

TURN Print Sender's name, address, and ZIP Code in the space below.

RETURN TO

rint Sender's name, address, and ZIP Code in the space below

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278 ATTN: SUZANNE BECKER

SENDER: Complete items 1 and 3 and 4.	d 2 when	additional	services are desired, and complete items
Put your address in the "RETURN TO" from being returned to you. The return	receipt fee is the follow ce(s) reque te, and add	will provide wing services sted.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:			4. Article Number
YORK RAKES PO BOX 488 UNADILLA	NY	13849	Service: tered Insured ied COD. ss Mail Return Receipt for Merchandise obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee			8. Addressee's Address (ONLY if
X			requested and fee paid)
6. Signature - Agent			
x Work Cahi	>> -		
7. Date of Delivery			
-5.24-93			
PS Form 3811, Apr. 1989	± U.S.G.P.0	D. 1989-238-81	DOMESTIC RETURN RECEIPT

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below. . Complete Items 1, 2, 3, and 4 on the

- reverse. Attach to front of article if space permits, otherwise affix to back of
- article. • Endorse article "Return Receipt
- Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK, NY 10278

3. Article Addressed to: ZIPPO MFG CO CO CONGRESS STREET PLANT Stered Insured iffied Insured if if if if if if if if if if if if if	• Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this for eturn this card to you. • Attach this form to the front of the mailpiece, or on t does not permit. • Write "Return Receipt Requested" on the mailpiece beloe. • The Return Receipt will show to whom the article was delivered.	he back if space 1.
5. Signature (Addressee) 8. Addressee's Addresse (Only if requested and feel is paid) 1993		P353 58 2/6 vice Type stered □ Insured ified □ COD ess Main □ Receipt for
	- Ron Dowlen	Date of Delivery AY Addressee's Address (Only if requested and feel is paid) 1993

UNITED STATES POSTAL SERVICE

Official Business

141441 1161





Print your name, address and ZIP Code here

USEPA 26 FEDERAL PLAZA ROOM 759 NEW YORK,NY 10278

	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)					
	3. Article Addressed to:	4. Article Number PO 11 550 113				
V	LITE CO., INC. ELMWOOD AVENUE ER NY 14733	Type of Service: Registered Unsured Cortified COD Express Mail Return Receipt for Merchandise				
_		Always obtain signature of addressee or agent and DATE DELIVERED.				
	5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)				
	6. Signature — Agent X. Ann Anough 7. Date of Delivery 5-23-23					
	PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT				

